Department of Justice Canada
Ministère de la Justice Canada

Evaluation of the National Anti-Drug Strategy: Final Report

Evaluation Division
Corporate Services Branch

February 2018

Canada

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ISBN 978-0-660-25843-0
Cat. No. J22-36/2018E-PDF

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ACRONYMS

ADSI	Anti-Drug Strategy Initiative
CBSA	Canada Border Services Agency
CCSA	Canadian Centre on Substance Abuse
CDSA	*Controlled Drugs and Substances Act*
CDSS	Canadian Drugs and Substances Strategy
CICAD	Inter-American Drug Abuse Control Commission
CIHR	Canadian Institutes of Health Research
CISC	Criminal Intelligence Service Canada
Clanlabs	Clandestine Laboratories
CRA	Canada Revenue Agency
CRISM	Canadian Research Initiative in Substance Misuse
CSC	Correctional Service Canada
CTADS	Canadian Tobacco, Alcohol and Drugs Survey
DAS	Drug Analysis Service
DSCIF	Drug Strategy Community Initiatives Fund
DTC	Drug Treatment Court
DTCFP	Drug Treatment Court Funding Program
DTFP	Drug Treatment Funding Program
FAMG	Forensic Accounting Management Group
FINTRAC	Financial Transactions and Reports Analysis Centre of Canada
FNIHB	First Nations and Inuit Health Branch
FPPE	Federal Policing Public Engagement
GAC	Global Affairs Canada

HC	Health Canada
Justice Canada	Department of Justice Canada
KE	Knowledge Exchange
KES	Knowledge Exchange Strategy
LGBTQ2	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Two-Spirit
MDMA	Methylenedioxymethamphetamine (ecstasy)
MGOs	Marihuana Grow Operations (Grow-Ops)
MMPs	Mandatory Minimum Penalties
MMT	Methadone Maintenance Treatment
MWT	Mental Wellness Team
NADS or the Strategy	National Anti-Drug Strategy
OAS	Organization of American States
OCS	Office of Controlled Substances
PBC	Parole Board of Canada
PDA	Prescription Drug Abuse
PMP	Prescription Monitoring Program
PS	Public Safety Canada
PSPC	Public Services and Procurement Canada
RCMP	Royal Canadian Mounted Police

EXECUTIVE SUMMARY

1. Introduction

The evaluation of the National Anti-Drug Strategy (NADS) covers a five-year period from April 1, 2011 to March 31, 2016. The evaluation was conducted in accordance with the Treasury Board of Canada *Policy on Evaluation* (2009)[1]. The main objective was to assess the relevance and performance (effectiveness and efficiency) of the Strategy.

The evaluation approach included several lines of evidence, including a document and file review, a literature review, administrative data analysis, key informant interviews, and two case studies (prescription drug abuse [PDA] and Knowledge Exchange Strategy [KES]).

2. Program Description

Led by Justice Canada, NADS is a horizontal initiative of 13 federal departments and agencies, which was launched in 2007 to improve Canada's response to the complex issues of illicit drug use and PDA. It is organized according to three action plans: Prevention, Treatment and Enforcement.

The Strategy's action plans were expected to contribute to a reduction in the supply of and demand for illicit drugs, in PDA, in the negative health and social impacts and crime related to illicit drug use and PDA; and ultimately to contribute to safer and healthier communities.

In December 2016, while the evaluation was being conducted, the Minister of Health announced an updated drug strategy for Canada, the Canadian Drugs and Substances Strategy (CDSS)[2], which replaced NADS effective April 1, 2017. Given that the new drug strategy will be led by Health Canada (HC) and will have an expanded mandate to include harm reduction, this evaluation

[1] Although the planning process for the evaluation was based on the 2009 *Evaluation Policy*, the evaluation also ensured compliance with the Treasury Board *Policy on Results* (2016).

[2] https://www.canada.ca/en/health-canada/news/2016/12/new-canadian-drugs-substances-strategy.html

provides a summary of the results and noted challenges which can be considered in the development of the new strategy.

3. Findings - Relevance

Continued Need for the Program

Given youth prevalence rates and the impact of substance use in vulnerable sub-populations, the ongoing issues related to prescription drugs and the current opioid crisis in Canada, the evaluation found that there is a demonstrated need for a national drug/substance use strategy. Illicit drug use is associated with costly health, community and economic impacts and these negative effects represent a significant drain on Canada's economy.

Alignment with Government Priorities

The Government of Canada has a long history in the horizontal management of illicit drug issues. All levels of government and stakeholders expect the Government of Canada to continue to show leadership and support in this area. In recent years, the misuse and non-medical use of prescription drugs and the number of opioid overdoses have emerged as a leading public health and safety concern. As a result, the NADS mandate was expanded in 2013 to support actions that address PDA, which partners have recently implemented.

Alignment with Federal Roles and Responsibilities

The horizontal character of the Strategy calls for coordination across departments and alignment with each department's respective roles and responsibilities. Overall, the evidence indicated that the federal roles and responsibilities are well aligned with the Strategy's various programming elements. There is limited overlap or duplication between NADS and other programming and initiatives.

4. Findings – Effectiveness

Prevention Action Plan

The Strategy has successfully increased awareness and understanding of illicit drugs, PDA and their negative consequences among Canadians, including youth, parents, professionals and at-risk

populations. In general, those benefiting from projects funded by HC and those reached through awareness campaigns reported having more information about drugs and their impact.

Problematic substance use is often symptomatic of underlying psychological, social or health issues and inequities, often referred to as Social Determinants of Health. Future strategies should consider the root causes of problematic substance use, the interaction with other issues (e.g., mental health, poverty, victimization, and socioeconomic status), and gaps in the emotional and financial resources available to at-risk populations. More work is also required in the development of impact measures and comprehensive national data to assess the extent to which risk-taking behaviours related to illicit drugs and PDA have changed.

Treatment Action Plan

The Treatment Action Plan enhanced the capacity to plan and deliver a range of treatment services and programs to targeted populations. NADS investments have supported research in drug treatment services, strengthened the quality and effectiveness of the First Nations and Inuit Health Branch's Mental Wellness Program treatment services, increased the consistency within the treatment system, and led to changes in policies and practices. These investments also increased the availability of treatment services and the responsiveness of programs for targeted populations. With the introduction of the KES, the Treatment Action Plan has also improved collaboration among partners and agencies.

Although the Strategy investments have enhanced treatment system capacity and the availability of treatment services, there remains a substantial treatment need. Furthermore, the impacts are limited to communities reached through funding, which suggests a need for additionally funded treatment services.

Enforcement Action Plan

The Enforcement Action Plan has resulted in significant progress in expanding partnerships and increasing capacity and awareness of drug enforcement stakeholders. Through the Strategy, support and valuable tools have also been provided to control and monitor controlled substances and precursor chemicals at the national and international level, and to reduce the likelihood that controlled substances will be diverted to the illicit market. By applying new technologies, forensic accounting, financial intelligence and intelligence sharing, there has been increased effectiveness in efforts related to drug enforcement and in the prosecution of drug traffickers.

Despite advancements in enforcement, the extent of the impact has been limited by the need to continually keep up with innovations in the illicit drug market. The rapid and diverse growth in the drug market requires continued improvement in the accurate detection of chemicals, the ability to identify trends and report them to law enforcement officers, and the development of new technologies and regulations to adapt to the evolving drug markets.

5. Conclusions

Given youth prevalence rates and the impact of substance use in vulnerable sub-populations, as well as ongoing issues related to prescription drugs and the current opioid crisis in Canada, the evaluation found that there is a demonstrated need for a national drug or substance use strategy. Results of the evaluation point to the continued relevance and impact of the Strategy on outcomes related to each of the three action plans: prevention, treatment and enforcement.

However, substance abuse issues do not occur in isolation. There are many systems and issues that contribute to substance abuse and have an impact on the achievement of outcomes through the Strategy. The limited harm reduction component to the Strategy also presents challenges in aligning and collaborating with some international approaches, since many of the developed countries have integrated harm reduction components in their national drug strategies. The new drug strategy led by HC will have an expanded mandate to include harm reduction.

This evaluation does not include recommendations given the replacement of NADS by the CDSS. However, key factors that contributed to or impeded the achievement of outcomes have been identified for consideration in the implementation of the CDSS.

1. INTRODUCTION

The purpose of the evaluation was to assess the relevance and performance of the National Anti-Drug Strategy (NADS) from April 1, 2011 to March 31, 2016. The evaluation was conducted in accordance with the Treasury Board of Canada *Policy on Evaluation* (2009).

NADS is a horizontal initiative of 13 federal departments and agencies, led by Justice Canada, and including Health Canada (HC), Canadian Institutes of Health Research (CIHR), Public Safety Canada (PS), Royal Canadian Mounted Police (RCMP), Correctional Service Canada (CSC), Parole Board of Canada (PBC), Canada Border Services Agency (CBSA), Office of the Director of Public Prosecutions (ODPP), Global Affairs Canada (GAC), Canada Revenue Agency (CRA), Public Services and Procurement Canada (PSPC), and Financial Transactions and Reports Analysis Centre of Canada (FINTRAC). NADS was launched in 2007 to improve Canada's response to the complex issues of illicit drug use and prescription drug abuse (PDA) organized according to three action plans: Prevention, Treatment and Enforcement.

The objectives of the Strategy are to: reduce risk-taking behaviours related to illicit drugs and PDA, particularly among youth; address critical treatment gaps in targeted populations and areas of need; enhance the federal enforcement capacity to disrupt illicit drug production and distribution, and reduce health, safety and security risks associated with the production of illicit drugs; and, under the expanded mandate, reduce risks associated with prescription drugs diverted for misuse. The Strategy's action plans are expected to contribute to a reduction in the supply of and demand for illicit drugs, in PDA, in the negative health and social impacts and crime related to illicit drug use and PDA, and ultimately to safer and healthier communities.

The Strategy components have evolved during the period covered by the evaluation, as in the case of relatively new PDA initiatives with longer implementation horizons. These variations in funding and other changes to the Strategy have been considered in developing the methodological approach for this evaluation. For instance:

- The evaluation took into consideration the changes to the Strategy that have resulted in an expanded mandate to address PDA. This area received new funding for the period from

2014-15 to 2018-19, which resulted in some consolidation of pre-existing NADS funding and additional investments via internal departmental reallocations.

- Similarly, the project team took into consideration the fact that although knowledge exchange has been an important element of the Strategy since its inception, the Knowledge Exchange Strategy (KES) was developed more recently (2013-14) and was in its initial implementation phase during the time this evaluation was being conducted.

This report provides a brief description of the Strategy's intended outcomes, followed by an overview of the evaluation's scope, approach and design. This includes a description of the different approaches (e.g., document review, key informant interviews) used to compile evidence. The evaluation findings are organized by issues of relevance, effectiveness in achieving the expected outcomes, and efficiency. Based on the documented findings, the report provides a series of conclusions.

NADS Logic Model

The ultimate expected outcome for the NADS Strategy is to have safer and healthier communities.

The federal departments and agencies are responsible for a number of activities contributing towards the achievement of this ultimate outcome. The connection between the Strategy activities and the expected outcomes is depicted in the NADS Logic Model (see Appendix 1). It represents the consensus among all federal partners as to the key elements, linkages, and shared strategic outcomes for the Strategy. As such, it illustrates how the Strategy's three action plans (Prevention, Treatment and Enforcement) are expected to lead, influence or contribute to the achievement of the outcomes.

1.1 Prevention Action Plan

The following departments and agencies are contributing to the Prevention Action Plan in the following ways:

Health Canada (HC) chairs the Prevention and Treatment Working Group. Through the Anti-Drug Strategy Initiative (ADSI)[3], HC supports prevention and treatment initiatives for both illicit and

[3] In 2015–16, HC's Anti-Drug Strategy Initiative (ADSI) was created by combining the Drug Strategy Community Initiatives Fund with the Drug Treatment Funding Program. In May 2016, the name was changed from ADSI to the Substance Use and Addictions Program.

prescription drugs. As of 2014-15, HC is also responsible for implementing a five-year PDA campaign to raise awareness about the harms and risks associated with PDA among parents and youth, and to educate Canadians on the importance of safely storing, monitoring and discarding prescription drugs in order to prevent diversion and misuse.

The *Royal Canadian Mounted Police* (RCMP) Federal Policing Public Engagement (FPPE) (formerly Drugs and Organized Crime Awareness Service) supports various initiatives across Canada aimed at enhancing public awareness of the nature, extent and consequences of substance use and abuse.

1.2 Treatment Action Plan

The following departments and agencies are contributing to the Treatment Action Plan in the following ways:

As mentioned above, HC chairs the Prevention and Treatment Working Group and through the ADSI, supports prevention and treatment initiatives for both illicit and prescription drugs. HC's First Nations and Inuit Health Branch (FNIHB) funds the Mental Wellness Program, and is using Strategy funding to improve the quality, accessibility and effectiveness of treatment services for First Nations and Inuit populations with focuses on the individual, family and community.

The *Canadian Institutes of Health Research* (CIHR) supports research on the development, improvement and evaluation of addiction treatments to improve the state of knowledge and understanding of the consequences of illicit and prescription drug use and misuse.

The *Department of Justice Canada* funds through the Youth Justice Fund – Drug Treatment component pilot treatment opportunities designed to help youth in the justice system with their rehabilitation. Justice Canada's Drug Treatment Court Funding Program (DTCFP) provides financial support to six Drug Treatment Court (DTC) pilot projects to offer court-monitored treatment and social service supports that reduce use of illicit drugs, enhance social stability of drug-dependent offenders, and help break the cycle of drug use and crime. Through the DTCFP, dedicated treatment resources are available to drug-dependent offenders that would otherwise not be available to this high-needs cohort.

The RCMP provided its front-line employees with tools and training to consider alternatives to charging youth and to refer at-risk youth to community and treatment programs. Funding for this component was phased out in March 2012.

1.3 Enforcement Action Plan

The following departments and agencies are contributing to the Enforcement Action Plan in the following ways:

Public Safety Canada chairs the Enforcement Action Plan Working Group and provides national horizontal policy coordination to improve intelligence, knowledge management, research and evaluation pertaining to illicit drug issues.

The *Office of the Director of Public Prosecutions* provides legal advice and prosecution services in the context of investigative and criminal intelligence work conducted by law enforcement agencies.

Health Canada provides services through the Office of Controlled Substances (OCS) and the Drug Analysis Service (DAS). The OCS works to ensure that drugs and controlled substances are not diverted for illegal use through the development of legislation, regulations, policies and operations that support the control of illicit drugs and other substances. The Regulatory Operations and Regions Branch conducts compliance and monitoring activities to enforce the regulations in the *Controlled Drugs and Substances Act*; and the DAS within the Branch analyzes seized materials, provides training and knowledge on illicit drugs and precursor chemicals to law enforcement officers, aids in the investigations of illicit drug operations in order to ensure they are dismantled in a safe manner, and provides expert testimony in court.

The NADS funding helps increase the RCMP's capacity to proactively target organized crime involvement in illicit drug production and distribution operations. In addition, the RCMP manages the Drug Recognition Expert program, which provides training for police officers to identify drug-impaired persons, usually focusing on drivers.

The *Canada Border Services Agency* is responsible for the following: addressing cross-border smuggling and trade in illicit drugs; creating new policies in support of the Strategy; researching new analytical techniques; and deploying new detection technologies to assist its officers in detecting and identifying suspected precursor chemicals.

The *Canada Revenue Agency* performs audits of persons known or suspected of deriving income earned from illicit drug production and distribution operations, and recovers tax dollars owing from raised assessments.

Public Services and Procurement Canada, through the Forensic Accounting Management Group (FAMG), participates in and supports the Integrated Proceeds of Crime Initiative investigations and prosecutions for the production, distribution and possession of illicit drugs specifically related to Marihuana Grow Operations (Grow-Ops) (MGOs) and clandestine laboratories (clanlabs).

The *Financial Transactions and Reports Analysis Centre of Canada* is responsible for producing financial intelligence that supports law enforcement in investigations and prosecutions of persons who handle money generated by the production and distribution of illicit drugs.

Global Affairs Canada provides policy coordination on the implementation of the international drug conventions and multilateral processes that involve organizations such as the United Nations, the Organization of American States (OAS), the Paris Pact, the Dublin Group, the Group of 7, the Organization for Economic Co-operation and Development, the Organization for Security and Cooperation in Europe governments, and the Asia-Pacific Economic Cooperation. GAC also has an active role in furthering cooperation with bilateral partners. Through contribution funding, it addresses the international dimensions related to illicit drug issues, including, for example, working with the OAS – Inter-American Drug Abuse Control Commission (CICAD) in collaboration with HC, Justice and PS to: provide law enforcement officials with the knowledge and skills related to investigative and interdiction techniques (topics include synthetic drug production, intelligence development, search and seizures, case management, investigations and undercover operations); support the Multilateral Evaluation Mechanism in evaluating international substance misuse programs; and provide training to health officials on community prevention programs.

The *Correctional Service Canada* manages and supervises provincial offenders in regions where there are no provincial parole boards, and is responsible for case preparation and supervision of provincial offenders under the *Safe Streets and Communities Act* (2012).

The *Parole Board of Canada* reviews cases and makes decisions regarding provincial offenders' conditional release in regions where there are no provincial parole boards, including those pertaining to the *Safe Streets and Communities Act* (2012).

Immediate Outcomes

Prevention Action Plan

- Increased awareness and understanding of illicit drugs, PDA and their negative consequences.

- Enhanced supports for targeted at-risk populations.
- Enhanced knowledge in communities to address illicit drug use, PDA and their negative consequences.

Treatment Action Plan

- Enhanced capacity to plan/deliver a range of treatment services and programs to targeted populations.
- Improved collaboration on responses and knowledge of treatment issues.

Enforcement Action Plan

- Increased effectiveness of efforts related to drug enforcement, tax compliance and prosecution of illicit drug producers and distributors.
- Increased effectiveness in the gathering, analyzing/sharing intelligence and analyzing evidence.
- Increased awareness of illicit drug and precursor chemical issues for enforcement officials.
- Increased effectiveness in controlling and monitoring controlled substances and precursor chemicals.

Intermediate Outcomes

Prevention Action Plan

- Enhanced capacity among targeted populations to make informed decisions about illicit drugs.
- Strengthened community responses to illicit drug and PDA issues in targeted areas.
- Reduced risk-taking behaviours related to illicit drugs and PDA.

Treatment Action Plan

- Increased availability of and access to effective treatment services and programs for targeted populations in areas of need.
- Enhanced uptake of evidence-informed treatment practices.

- Improved treatment systems, programs and services to address illicit drug dependency and PDA in targeted populations in areas of need.
- Reduced risk-taking behaviours related to illicit drugs and PDA.

Enforcement Action Plan

- Disrupting criminal organizations/operations related to illicit drug production and distribution.
- Improved intelligence and evidence about illicit drugs.
- Improved intelligence and evidence about PDA.
- Increased safety in dismantling illicit drug operations (e.g., MGOs, clanlabs).
- Increased compliance and reduced risk of diversion of controlled substances, prescription drugs and precursor chemicals.
- Reduced health, safety and security risks associated with illicit drug production.

Long-term Outcomes

- Reduced demand for illicit drugs in targeted populations.
- Reduced negative health and social impacts and crime related to illicit drug use and PDA.
- Reduced supply of illicit drugs.
- Reduced PDA in Canada.

The evaluation assessed the degree to which the immediate and intermediate outcomes were being achieved over the evaluation timeframe.

2. EVALUATION METHODOLOGY

2.1. Scope and Approach

The scope of the evaluation included activities conducted under the NADS by the 13 participating departments and agencies from April 1, 2011 to March 31, 2016.

The evaluation issues were aligned with the Treasury Board of Canada's *Policy on Evaluation* (2009). An outcome-based evaluation approach was implemented to assess the progress made towards the achievement of the expected outcomes. The evaluation matrix detailed the evaluation strategy and provided consistency in the collection of data to support the evaluation. Given the recent mandate extension to include PDA initiatives that are being implemented over several years, as well as the recent implementation of KES, the evaluation questions and methods for these areas focused on the implementation of activities and progress towards anticipated outcomes.

2.2. Data Collection Methodology

Data for the evaluation was collected using various methods, including a document and file review, a literature review, administrative data analysis, key informant interviews, and two case studies (PDA and KES). In alignment with its internal horizontal engagement protocols, the RCMP's National Program Evaluation Services retained responsibility for collecting and analyzing all internal RCMP information as well as independently conducting the interviews with its members.

2.2.1. Document and File Review

The purpose of the document review was to systematically extract relevant secondary data that provided evidence for a specific evaluation indicator. In addition to contributing to the body of evaluation evidence, these sources informed the development of the data collection instruments for other lines of evidence, and were useful in positioning the findings from the evaluation within the appropriate context. Most documents were categorized into one of three broad categories:

strategy-specific documents, government-wide documents, or department-specific documents. Examples of these three categories of documents are summarized in the table below.

Table 1: Documents Reviewed in this Evaluation

Strategy-specific documents	Government-wide documents	Department-specific documents
• Justice Departmental Performance Reports, Horizontal Initiatives reporting, which includes financial reporting • Minutes of meetings/records of decisions • Annual performance report	• Budgets • Speeches from the Throne • Policy documents • Alternative delivery mechanisms/best practices for implementation and operation of similar initiatives/strategies/ programs	• Planning documents • Performance information • Results of evaluations undertaken by individual partner departments • Evaluation reports of funded projects

2.2.2. Literature Review

The literature review supports the incorporation of an external perspective in the evaluation, particularly of relevance issues, as well as the extent to which the Strategy has achieved its intended longer-term outcomes. The literature review encompassed the peer-reviewed and grey literature, focusing on reports related to illicit drugs and PDA, non-federal programs dealing with illicit drug and PDA issues, and international drug studies. Sources from other jurisdictions (including provinces and territories within Canada as well as foreign governments and international agencies, including EU, UN, UK, US and Australia) were included.

2.2.3. Key Informant Interviews

Forty-three key informant interviews and three consultations were conducted: 38 interviews and three consultations with senior officials in Strategy partner departments (see breakdown below) and five interviews with stakeholders from external organizations. In alignment with its internal horizontal engagement protocols, the RCMP's National Program Evaluation Services retained responsibility for collecting and analyzing all internal RCMP information as well as independently conducting the interviews and consultations with its employees.

The interviews were conducted by phone and followed a semi-structured guide developed and tailored for each respondent type that aligned interview questions with the specific evaluation questions. The results are reported at an aggregate level in the report.

Table 2: Breakdown by Department of Internal Key Informant Interviews

Partner departments	Completed Interviews
Health Canada	11
Justice Canada	5
Canada Border Services Agency	2
Canada Revenue Agency	1
Correctional Service Canada	2
Financial Transactions and Reports Analysis Centre of Canada	1
Global Affairs Canada	2
Office of the Director of Public Prosecutions	2
Public Safety	0
Public Services and Procurement Canada	1
Canadian Institutes of Health Research	3
Royal Canadian Mounted Police	8 + 3 consultations
Total number of interviews with partner departments	**38+ 3 consultations**

2.2.4. Case Studies

Two case studies were conducted on the PDA investments and the KES. The case studies included document reviews, a focus group on KES issues, and information derived from the key informant interviews.

2.3. Limitations, Challenges and Mitigation Strategies

The evaluation encountered some challenges and limitations that are outlined below:

- **Ability to aggregate impacts:** Given the wide range of activities, intended outcomes and performance indicators associated with the Strategy, it is difficult to quantify and aggregate program outcomes in a meaningful yet concise way. A variety of qualitative research methods have been used to address this issue.
- **Reliance on input from departmental representatives.** The ability to obtain direct input from the key targets of the Strategy (e.g., at-risk youth, offenders and Aboriginal people) is limited by the size of the evaluation as well as by privacy rights. This issue has been addressed, in large part, through the extensive document review, particularly evaluation and survey reports. The interviews were held largely with departmental representatives, which could have led to potential bias in responses; however, this was mitigated as much as possible by validating findings through other primary and secondary research.

- **Attribution:** It is difficult to attribute particular outcomes to the Strategy relative to other resources, programs and trends affecting the target groups. In some cases, the funding under the Strategy was used to expand existing capacity rather than to establish new initiatives or services; as such, it is also difficult to attribute particular impacts to the new resources provided under the Strategy versus previously existing resources. This challenge has been addressed by encouraging key informants to provide specific examples of activities or projects when discussing impacts. In addition, the document review further captured impacts attributable to the Strategy.
- **Limited data available on program delivery costs:** Individual components provided information on program budgets and expenditures. However, given the range of representatives who may be involved in particular activities and the absence of activity-based costing data, it is often not possible to determine the specific resources dedicated to the Strategy. In turn, this made it more difficult to assess program economy and efficiency.
- **Inconsistent performance data:** In some instances, the annual performance reports contained inconsistent performance indicators across the Strategy components. This made it difficult to aggregate qualitative data and to present the impacts that have occurred during the evaluation period. To mitigate this challenge, references to single-year accomplishments were included, with a focus on more complete activities as well as balancing those figures with a qualitative assessment of trends and major accomplishments over the five years.

Overall, the study limitations were mitigated as much as possible through the use of multiple lines of evidence and triangulation of data to demonstrate reliability and validity of the findings. The analysis of findings was based on the evaluation matrix (see Appendix 2) and conducted by evaluation questions. The remaining sections of the report are structured according to the key evaluation objectives.

3. SUMMARY OF THE MAJOR FINDINGS

3.1. Relevance

3.1.1. Continued Need for the Strategy

There is a demonstrated need for the Strategy, given the continued use of illicit drugs, particularly among young people and other vulnerable populations, harmful or high-risk use of substances, as well as the opioid overdose crisis and ongoing prescription drug use and misuse issues across Canada. Illicit drug use is associated with costly health, community and economic impacts. These negative effects represent a significant drain on Canada's economy in terms of both their direct impact on the health care and criminal justice systems, and their indirect impact on productivity because of premature death and ill health, as well as the costs to the individuals involved and their families.

Illicit drugs continue to be a major concern both nationally and internationally[4]. Available statistics support the continued need for a national drug/substance use strategy in Canada.

Prevalence of drug use among young people: Although the prevalence of illicit drug use among youth in Canada has decreased significantly (for example, past-year use of cannabis decreased among youth aged 15 to 24 from 37% to 26% between 2004 and 2014), the rate of illicit drug use continues to be the highest amongst youth compared to adults. A 2013 United Nations report identified a 28% prevalence rate, placing Canadian youth as the top users of cannabis in the developed world. Canada is one of only six countries with youth cannabis use rates over 20%. Statistics also show that youth are initiating use at a younger age (15.1 years in 2013)[5]. Prevalence rates are also high amongst Indigenous and street involved/homeless youth. According to the Canadian Tobacco, Alcohol and Drugs Survey (CTADS), in 2015, the prevalence of past-year cannabis use was over two and a half times higher among youth aged 15 to 19 (21%) and young adults aged 20 to 24 (30%) than adults aged 25 years and older (10%). The rate of past-year use

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[4] United Nations Office on Drugs and Crime, World Drug Report 2009; Criminal Intelligence Service Canada, 2009 Report on Organized Crime in Canada; and RCMP, Drug Situation in Canada – 2007.

[5] United Nations International Children's Emergency Fund. 2013. Child Well-Being in Rich Countries, A comparative overview. Accessed from https://www.unicef.org/.

of at least one of five illicit drugs, excluding cannabis (cocaine or crack, speed, ecstasy, hallucinogens or heroin) was five to nine times higher among youth aged 15 to 19 (5%) and young adults aged 20 to 24 (9%) than among adults (1%)[6]. The Youth Smoking Survey results for 2012-13 indicate that past-year cannabis use was reported by 19% of students in grades 7 to 12[7]. In addition, according to the 2012 Canadian Alcohol and Drug Use Monitoring Survey, prescription drugs are now the third most commonly misused substances among Canadian youth, after alcohol and cannabis. In 2017, the Canadian Centre on Substance Abuse (CCSA) conducted qualitative research and focus groups with 77 youth (aged 14 to 19) across Canada to understand their views about cannabis. Overall, the report found that participants did not seem concerned with the consequences of cannabis, and lacked awareness of its negative effects[8].

Prevalence of drug use among other vulnerable populations: The literature points to increased risk of problematic substance use among federal offenders and other vulnerable segments of populations. For instance, studies also show that one-fifth (21%) of male federal offenders have injected illicit drugs at some time in their life, and the drugs most commonly used intravenously are opioids and cocaine[9].

Substantial evidence has demonstrated that lesbian, gay, bisexual, transgender, intersex, queer and two-spirit (LGBTQ2) youth are at increased risk for substance use compared to the general population. LGBTQ2 youth report elevated suicide risk and high rates of substance use[10].

Prevalence of drug use among Canada's Indigenous population: According to the *Northwest Territories Addictions Report* (2012), in 2009, past-year cannabis use among those aged 15 and over in the Northwest Territories was over twice as high among Indigenous people (30%) than non-Indigenous people (13%)[11]. The 2012 NADS evaluation indicated that some Indigenous youth

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[6] **CTADS 2015 Survey.** https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2015-summary.html

[7] **Health Canada. Summary of results of the Youth Smoking Survey 2012-13.** http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/_survey-sondage_2012-2013/result-eng.php

[8] **Canadian Centre on Substance Abuse. 2017. Canadian Youth Perceptions on Cannabis, http://www.ccdus.ca/Resource%20Library/CCSA-Canadian-Youth-Perceptions-on-Cannabis-Report-2017-en.pdf**

[9] **S. Farrell, J. Ross, M. Ternes, and D. Kunic. 2010. "Prevalence of Injection Drug Use Among Male Offenders", CSC Research Publications.** http://www.csc-scc.gc.ca/research/005008-rs10-02-eng.shtml

[10] **Ann Haas et al. (2011). Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations. 2011 Jan; 58(1): 10–51. Journal of Homosexuality.** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662085/. **Marshal et al. (2008). Sexual orientation and adolescent substance use: a meta-analysis and methodological review. Addiction Journal.** Addiction. 2008 Apr; 103(4): 546–556.

[11] **NWT Report on Substance Use and Addiction 2012.** http://www.hss.gov.nt.ca/sites/www.hss.gov.nt.ca/files/report-on-substance-use-and-addiction-2012.pdf

believe that illicit drug use is acceptable because their parents are using these substances. First Nations people and leaders have consistently noted the use and abuse of substances as a top priority. A national survey of First Nations communities (2008-2010) reported that alcohol and drug use and misuse were the number one challenge for community wellness faced by on-reserve communities (83% of respondents), followed by housing (71%) and employment (66%)[12].

Prescription drug abuse: According to the International Narcotics Control Board, Canada is one of the highest per capita consumers of prescription opioids (pain relievers) in the world, second only to the United States[13]. Canadians' use of prescription opioids increased by over 200% between 2000 and 2010[14]. According to the 2015 CTADS, 22% of Canadians had used a psychoactive pharmaceutical (opioid pain reliever, sedative or stimulant) in the past year. Three percent of these individuals – 171,000 Canadians– reported having abused such a drug (i.e. used it for the experience, the feeling it caused, and/or to get high). The rates of abuse were much higher for youth aged 15 to 19 (11%) and young adults aged 20 to 24 (14%) compared to adults aged 25 years and older (1%). Data suggests that 2,861 Canadians died from opioid-related overdoses in 2016, which led the Minister of Health to refer to this increased misuse as a "crisis"[15].

As reported to the House of Commons Standing Committee on Health, those who misuse may gain access to prescription drugs directly through authorized health care practitioners or from friends, family or illegal diversion from the pharmaceutical supply chain by individuals or organized crime groups[16]. Additionally, it was reported to the Committee that PDA is related to crimes such as armed robberies of and break-ins to pharmacies, and feeds into the health care system fraud such as double doctoring, forgeries of prescriptions, and illegal Internet sales. Misuse of Ritalin is significant in Canada, and along with oxycodone and fentanyl abuse, has garnered much public

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[12] First Nations Information Governance Centre (FNIGC). (2011). Preliminary Report of the Regional Health Survey: Phase 2 Results – Adult, Youth, Child. Ottawa, ON: FNIGC.

[13] International Narcotics Control Board. (2010). Annual Report http://www.incb.org/documents/Publications/AnnualReports/AR2010/Supplement-AR10_availability_English.pdf

[14] International Narcotics Control Board. (2010). Annual Report http://www.incb.org/documents/Publications/AnnualReports/AR2010/Supplement-AR10_availability_English.pdf

[15] Health Canada (2017) Apparent Opioid-related Deaths. https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/apparent-opioid-related-deaths.html; Minister of Health. 2016. Joint Statement of Action to Address the Opioid Crisis. https://www.canada.ca/en/health-canada/services/substance-abuse/opioid-conference/joint-statement-action-address-opioid-crisis.html; Health Canada. 2017. Apparent Opioid-Related Deaths https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/apparent-opioid-related-deaths.html

[16] Report of the House of Commons Parliamentary Committee on Prescription Drug Abuse, 2014 http://www.parl.gc.ca/content/hoc/Committee/412/HESA/Reports/RP6434062/hesarp02/hesarp02-e.pdf

attention via the media. Drug overdoses and deaths may be the result of individual drug misuse, drug toxicity from mixed use, or illicit opioids tainting street drugs.

Although surveillance data is limited, youth, Indigenous people, women, seniors and the offender population appear to be most at risk. For example, First Nations experience high rates of drug addiction, with corresponding negative social impacts such as high rates of incarceration, unemployment and poor health status[17]. States of emergency and crises declared by some communities highlight the urgency of the problem. A June 2014 meeting between Ontario First Nations representatives and the Minister of Health emphasized the need for ongoing supports for First Nations to help address PDA from community-based approaches grounded in cultural and traditional knowledge and practices[18].

In March 2013, the National Advisory Council on Prescription Drug Misuse described the burden that PDA places on Canada's health, social services and public safety systems. The report *First Do No Harm: Responding to Canada's Prescription Drug Crisis* outlined a strategy to address the harms associated with PDA focusing on five streams of action: prevention, treatment, monitoring, surveillance and enforcement. Although various health stakeholders (e.g., health care providers, academic researchers, provincial/territorial governments, law enforcement) collect information related to PDA, much of the existing data is fragmented, difficult to access or is not comparable across jurisdictions. Both stakeholders and provincial/territorial governments have called for improvements to national level data on PDA to better inform policy interventions.

In the January 2014 Symposium on PDA hosted by the Minister of Health and the CCSA, participants underscored the need for prescription monitoring programs to be in place in all provinces and territories, as well as strategies to assist in identifying high-risk patients and high-risk prescribing behaviours[19]. Other areas of attention include: the need for surveillance systems to track patterns of prescription drug misuse, assist in evaluating the impact of interventions, and provide evidence to inform policy and practice; prescriber education and non-punitive approaches to continuing education; and improved access to a range of addiction and pain treatment options, including non-pharmacological and traditional treatment options.

Stigma and discrimination associated with illicit substance use: Illicit substance use, particularly injection substance use, is highly stigmatized, and people affected by poverty and homelessness

[17] Report of the Standing Committee on Health. 2014. Government's Role in Addressing Prescription Drug Abuse http://www.ourcommons.ca/Content/Committee/412/HESA/Reports/RP6434062/hesarp02/hesarp02-e.pdf

[18] https://www.ourcommons.ca/DocumentViewer/en/42-1/INAN/report-3/response-8512-421-56

[19] http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2014/2014-006-eng.php

often carry the heaviest burden of stigma in society as a result of multiple intersecting factors[20]. The stigma and discrimination associated with illicit substance use can restrict an individual's access to health care and have a negative impact on their health and well-being[21].

Societal costs associated with illicit substance use: Illicit substance use is associated with costly health, community and economic impacts and presents an economic burden to the Canadian public. Some impacts can be subtle, indirect and long term, for example, a health disorder or deteriorating work performance after years of chronic use. Other effects are often dramatic and acute, for example, domestic violence, alcohol or drug impaired driving collisions, or injection drug use in public places[22]. Justice Canada's report on the *Costs of Crime in Canada* estimated the annual social and economic costs of illicit drugs in Canada to be $8.6 billion in 2008: $1.3 billion in direct health care costs, $2 billion in justice-related costs (police, courts and correctional services), and about $5.3 billion in productivity losses due to illness and premature death[23]. Additionally, a CCSA study on the *Costs of Substance Abuse in Canada* also estimated, based on 2002 national data, that the total annual cost of illicit substance misuse is $8.2 billion per year to the Canadian society[24]. Illicit substance dependence contributes to the overall burden of disease and is associated with increased morbidity, mortality, disability and health care costs. The CCSA's *Alcohol and Drug Use Among Drivers: British Columbia Roadside Survey 2010* found that 7.2% of drivers tested positive for illicit drugs. Cannabis and cocaine were the two most frequently used substances before driving[25].

The Need for Prevention Activities

The most cost-effective way to lower the human and societal costs related to problematic substance use is to prevent it in the first place. Evidence-informed prevention programs can help reduce the demand on an already strained treatment system. They also reduce the cost of problematic

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[20] Canadian Public Health Agency 2014; Strike, Myers and Millson 2004; Takahashi, 1997

[21] Butters & Erickson, 2003; Crockett & Gifford, 2004; Gelberg, Browner, Lejano & Arangua 2004; Napravnik, Royce, Walter & Lim 2000; Stajduhar et al., 2004.

[22] Canadian Centre on Substance Abuse. 2006. Public Opinion, Attitudes and Knowledge – A National Survey of Canadians' Use of Alcohol and other Drugs – Canadian Addiction Survey (CAS).

[23] Zhang, T. 2011. Costs of Crime in Canada 2008. Department of Justice Canada, p. 12-16. Accessed from http://www.justice.gc.ca/eng/rp-pr/csj-sjc/crime/rr10_5/rr10_5.pdf.

[24] Rehm, J. et al. 2006. The Costs of Substance Abuse in Canada, 2002: Highlights. Ottawa: Canadian Centre on Substance Abuse. Accessed from http://www.ccsa.ca/Resource%20Library/ccsa-011332-2006.pdf.

[25] Beasley, E. E. and Beirness, D. J. 2011. Alcohol and Drug Use Among Drivers: British Columbia Roadside Survey 2010. Ottawa: Canadian Centre on Substance Abuse. Accessed from http://www.ccdus.ca/Resource%20Library/2011_CCSA_Alcohol_and_Drug_Use_Among_Drivers_en.pdf

substance use to society. The analysis of numerous prevention programs shows reported savings up to $15-$18 for every dollar spent on drug prevention[26].

Prevention is evidence-based socialization where the primary focus is individual decision making with respect to socially appropriate behaviours. Its aim is not solely to prevent substance use, but also to delay initiation, reduce its intensification, or prevent escalation into problem use. The challenge of drug prevention lies in helping young people to adjust their behaviours, capacities and well-being in fields of multiple influences such as social norms, interaction with peers, living conditions, and their own personality traits[27].

The primary goals of a prevention and health promotion approach in the substance use field are to promote equity in health, denormalize, prevent or delay substance use; reduce the harms associated with use, and reduce stigma and discrimination against people who use. It recognizes that problematic use is often symptomatic of underlying psychological, social or health issues and **inequities**.

There are several complementary types of substance use prevention:

Universal/primary prevention initiatives address the entire population (e.g., national, local community, school, neighbourhood) with messages and programmes aimed at raising their awareness concerning the use of substances (e.g., drugs, controlled substances, alcohol, solvents). Primary prevention also involves activities aimed at reducing the factors leading to problematic substance use.

Selective/secondary prevention initiatives address the vulnerability of specific sub-populations who face a significantly higher risk of problematic substance uses than the average population. Often this higher vulnerability to problematic substance uses stems from social exclusion, e.g., for young offenders, school drop-outs or students who are failing academically.

Indicated/tertiary prevention initiatives address individuals who are exhibiting behaviours that are highly correlated with a risk of developing problematic substance use issues later in their lives (such as psychiatric disorder, school failure, dissocial behaviour, etc.) or displaying early signs of problematic substance use, and to target them with special interventions. It should be noted that this level of intervention is often considered part of treatment interventions.

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[26] **Canadian Centre on Substance Use and Addiction (2011) Cross-Canada Report on Student Alcohol and Drug Use. Accessed from** http://www.ccsa.ca/Resource%20Library/2011_CCSA_Student_Alcohol_and_Drug_Use_en.pdf

[27] **European Monitoring Centre for Drugs and Addiction. Prevention. Accessed from** http://www.emcdda.europa.eu/topics/prevention#

Environmental prevention addresses societies or social environments and targets social norms, including market regulations.

Within each period of a youth's life, there will be risk and protective factors that will lead them toward or away from substance use. Protective factors include:

Individual level: good self-concept and self-esteem; limited use of substances in the past.
Family environment: parental concern and involvement; no substance misuse in the home.
School environment: supportive relationships with teachers; overall positive school experience.
Peer group: peers not engaged in substance use.
Neighbourhood: available supports for youth; existence of drug task forces[28].

Certain groups of youth are at increased risk for substance use. These include youth who: have mental health, behavioural or social challenges; are not engaged in school; are involved in criminal activity; are in foster care; are homeless; are involved in the sex trade; come from certain ethnic backgrounds; and/or live in families in which there is substance use[29]. Mounting evidence indicates that the most effective approach to prevent substance use is to target risk and protective factors at the individual, family and community level through grounding strategies in theories that address the etiology of substance use and misuse[30]. In short, the focus should continue to be on improving young people's daily life with families, peers and in schools; addressing risk and protective factors in the social environment at the population level; and including factors that are protective across various health outcomes[31].

The Need for Treatment Activities

The provinces and territories are largely responsible for the provision of public substance use treatment services and programs[32] to Canadians, with exceptions for services for populations under federal jurisdiction, such as First Nations on-reserve, Inuit populations and federally incarcerated

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[28] Haase, T., & Pratschke, J. (2010). *Risk and protection factors for substance use among youth people: A comparative study of early school-leavers and school-attending students.* National Advisory Committee on Drugs (NACD). Dublin, Ireland.

[29] National Institute for Health and Care Excellence (March 2007). Retrieved from http://www.nice.org.uk/guidance/ph4/evidence

[30] Stewart-Brown, S. (2006). *What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach?* Copenhagen: WHO Regional Office for Europe (Health Evidence Network report).

[31] Viner, R.M., Ozer, E.M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *The Lancet, 379*, 1641-1652.

[32] Including PDA.

offenders. Historically, there has been considerable collaboration and coordination of efforts to address substance use treatment services and related systems issues. This has occurred primarily through the work of the Federal/Provincial/Territorial Committee on Substance Use and Abuse and through specific program mechanisms, such as HC's ADSI. The federal government also provides financial support for substance use treatment systems and services through the Canada Health Transfer.

In 2008, the CCSA National Treatment Strategy Working Group reported a need for a systems-based approach to coordinate the wide range of treatment services (including inpatient and ambulatory services in psychiatric or general hospitals, services delivered through community-based treatment programs, crisis responses and emergency services, and services provided by general practitioners, psychiatrists, psychologists and social workers)[33]. Provincial/territorial policies, funding and service delivery models vary significantly and intervention services, where available, tend to be fragmented. Access is challenging, particularly for those who are most vulnerable[34]. In addition, modernizing and reorienting treatment services for First Nations and Inuit peoples are critical to ensure these services meet minimum standards and are equipped to meet the treatment needs of youth and their families today. Facilitating improvements to the continuum of care, from health promotion and prevention to treatment and recovery, is an ongoing need.

The benefits from substance use treatment extend beyond the reduction in problematic substance use, to areas that are important to society such as reduced crime, reduced risk of infectious illness/disease, and improved social function. Investing in evidence-based services and supports is noted as an effective way to reduce the health, social and economic burden of substance use in Canada[35].

The Need for Enforcement Activities

Enforcement intelligence indicates that the involvement of organized crime has significantly expanded the illicit drug trade in Canada, with effects both domestically and internationally. Most organized crime groups (83%) are involved in the illicit drug trade, and illicit drugs

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[33] National Treatment Strategy Working Group. 2008. A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy. Ottawa: National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada. Accessed March 26, 2013 from http://www.ccsa.ca/Resource%20Library/nts-systems-approach-substance-abuse-canada-2008-en.pdf

[34] Canadian Centre on Substance Abuse. (September 2007). Substance Abuse in Canada: Youth in Focus, p. 41. Retrieved from http://www.ccsa.ca/Resources%20Library/ccsa-011521-2007-e.pdf

[35] Health Canada. 2012. Drug Treatment Funding Program (DTFP) Literature Review Summary Report. Unpublished, p. 10.

account for 57% of the criminal marketplace[36]. The predominant drug is cocaine, followed by cannabis and synthetic drugs. Canada continues to be identified in international reports as a producing and international trafficking country for methamphetamine (meth) and Methylenedioxymethamphetamine (MDMA or ecstasy)[37].

Domestic illicit drug production operations such as MGOs and clanlabs that produce synthetic drugs are increasingly sophisticated and pose serious health and public safety hazards (such as building fires) to Canadians. For example, synthetic drug production involves the use of various chemicals, most of which are classified as hazardous materials and include toxins, poisons, carcinogens and volatile solvents. These operations produce environmental hazards, pose clean-up problems, and endanger the lives and health of people living in the communities where they are located and those of first responders. A 2010 Criminal Intelligence Service Canada (CISC) report indicates that organized crime involvement in illicit drug trade leads to increases in other criminal activities such as property crime, as organizations try and raise monies to assist with purchases and to offset debt[38]. In addition, illicit drug operations are linked to other criminal offences such as corruption, money laundering, violence and kidnapping. Guns and other weapons are often found at these operations, increasing the risk of violence and injury.

The CISC *2010 Report on Organized Crime*[39] explains that organized crime groups constantly change and adapt their production and distribution methods. In doing so, they respond to law enforcement pressures and activities to meet domestic and international demands and to ensure a continued supply of illegal drugs. Organized crime groups quickly adapt to identify new "designer" analogues (substances which are chemically related to, and produce similar effects as, illegal substances) not regulated by Canadian law. Border officials note increased bulk imports of unregulated (or unknown) substances.

Although the evaluation found an increased capacity among the Enforcement Action Plan partners, a number of key challenges remain. Regulatory restrictions on sharing certain types of information among enforcement partners exist. Enforcement efforts could have been constrained given that,

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[36] Criminal Intelligence Service Canada testimony before the House of Commons Standing Committee on Justice and Human Rights, February 16, 2012, https://www.ourcommons.ca/Committees/en/JUST/StudyActivity?studyActivityId=4261087

[37] United Nations. 2011 and 2014. World Drug Report. Accessed from https://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf; and https://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf

[38] Criminal Intelligence Service Canada. 2010. Report on Organized Crime 2010. Accessed from http://publications.gc.ca/collections/collection_2010/grc-rcmp/PS61-1-2010-eng.pdf

[39] Criminal Intelligence Service Canada. 2010. Report on Organized Crime 2010. Accessed from http://publications.gc.ca/collections/collection_2010/grc-rcmp/PS61-1-2010-eng.pdf

previous to the Royal Assent of Bill C-37 (May 18, 2017), it could take up to 24 months to amend regulations with respect to emerging precursor chemicals and illicit drugs. Investigations involving organized crime groups are highly complex, labour intensive, time-consuming, and require a thorough knowledge of the licit and illicit chemical industry, as well as health and safety considerations in dismantling illicit drug operations. As a result, the evaluation identified a continuing need for programming that strengthens efforts to reduce the supply of illicit drugs by disrupting operations in a safe manner, and that targets criminal organizations at the national and international level.

Consistent with the documentary evidence of need for drug use prevention, treatment and enforcement activities highlighted above, almost all key informants expressed a strong continued need for a national horizontal strategy that addresses drug issues in Canada. They noted a need to involve multiple partners in order to include information and expertise from various angles. Furthermore, a national horizontal strategy serves as a strategic tool to support the development of linkages between departments on common objectives.

Although relevant, interviewees noted that there is a need to revise the Strategy to take into account some of the changes and new needs related to prevention, treatment and enforcement, to address opioids and new substances. For example, this may include new or revisions to regulations/legislation, and changes in international and cross-border regulations and activities. Some interviewees also noted a need for continued research and consolidation of research and associated knowledge translation in the area of substance misuse. It was noted by a few that relevant achievements have been demonstrated through the work of funded researchers, including effective interventions that need to be implemented more widely. A national strategy and stronger evidence base are required to facilitate broader dissemination and implementation of research findings and support policy development in a consolidated fashion.

3.1.2. Alignment with Government Priorities

The federal government plays a critical role in addressing illicit drug issues at the broad policy level. The Government of Canada has a long history in the horizontal management of illicit drug issues. Documentation and all federal interviewees indicated that there was alignment between their departments' strategic objectives and the NADS objectives. In addition, the majority of interviewees noted that all levels of government and stakeholders expect the Government of Canada to continue to show leadership and support in this area. In recent years, issues related to opioids, sedative-hypnotics and stimulants have emerged as leading public health and safety concerns in Canada. As a result, NADS was expanded to support actions to address PDA.

The federal government plays a critical role in addressing illicit drug issues at the broad policy level. Its role is grounded in its authorities under the *Constitution Act* (1867) and in its exclusive and shared legislated authorities in various areas related to the Strategy's three action plans. The Government of Canada has a long history in the horizontal management of illicit drug issues. All federal partners, as appropriate to their area of jurisdiction, coordinate their efforts and work collaboratively with their partners and stakeholders on these issues. In addition, all levels of government and stakeholders expect the Government of Canada to continue to show leadership and support in this area.

The Government of Canada pledged to tackle illicit drug issues in Budget 2007, committing to a focused, illicit drug strategy that would include action on prevention, treatment and enforcement as key components. The Speech from the Throne (October 16, 2007), under the theme "A Safe and Secure Canada: Tackling Crime and Strengthening the Security of Canada", indicated:

> *"Our Government will implement the National Anti-Drug Strategy giving law enforcement agencies powers to take on those who produce and push drugs on our streets. In addition to tougher laws, our Government will provide targeted support to communities and victims. It will help families and local communities in steering vulnerable youth away from a life of drugs and crime, and the Anti-Drug Strategy will help to treat those suffering from drug addiction."*

Since NADS was launched, issues related to opioids, sedative-hypnotics and stimulants have emerged as leading public health and safety concerns in Canada. In the 2013 Speech from the Throne, the Government of Canada expressed its intention to expand the NADS to address PDA. Under the "Supporting Families and Communities" component of the 2014 Economic Action Plan, the Government of Canada committed $44.9 million over five years (2014-15 to 2018-19) to increase public awareness of the harmful effects of PDA and the safe use, storage and disposal of prescription medications; enhance federal support to community and stakeholder PDA prevention and treatment initiatives and PDA research; enhance PDA treatment and prevention services for First Nations communities; increase federal inspections of pharmacies to minimize the diversion of prescription drugs for illegal use; and improve national-level data, reporting and surveillance on PDA in Canada.

Documents and all federal interviewees noted an alignment between the departmental strategic outcomes and NADS objectives, which are included in Table 3. Some interviewees noted that the PDA investments were integrated into existing departmental funding arrangements and this ensured they were linked to departmental strategic outcomes. In addition, there are international

conventions and protocols of relevance, including the United Nations Narcotic Drug Conventions[40], and other multilateral processes such as the OAS, the Group of Seven, the Paris Pact and the Dublin Group.

Various documents reviewed and some key informants noted a horizontal, multi-partner approach to illicit drugs, and PDA continues to be a priority and the combined efforts can lead to a greater impact. For example, though CIHR's activities represent only a small portion of NADS funding, they were able to leverage resources and efforts through the substance misuse research network they created. As the research conducted under the Canadian Research Initiative in Substance Misuse (CRISM) is built on an established network, funded applicants work together in partnership. Most federal interviewees indicated that illicit and prescription drug issues continue to be priorities, especially for the prevention and treatment action plans.

3.1.3. Alignment with Federal Roles and Responsibilities

Overall, the evidence indicates that the federal roles and responsibilities are well aligned with the Strategy's various programming elements. There is limited overlap or duplication between NADS and other programming and initiatives.

The Table below shows how the Strategy is aligned with the roles and responsibilities of departments and agencies that have partnered on this initiative.

Table 3: Relevance of Strategy to Partner Departmental Roles and Responsibilities

Department	Relevant Departmental Roles and Responsibilities	Role within the National Anti-Drug Strategy
Justice Canada	• Key Legislation: *Department of Justice Act*, *Criminal Code of Canada*, *Controlled Drugs and Substances Act* (CDSA), and *Youth Criminal Justice Act*. • Strategic Outcome: A fair, relevant and accessible Canadian justice system[41].	• Lead department for the Strategy • Treatment Action Plan: Leading the Youth Justice Fund's Drug Treatment Component (formerly called Youth Justice Drug Treatment Component) and the DTCFP. • Enforcement Action Plan: Providing policy development work on the criminal law elements of the CDSA and assisting the Minister in developing legislation.

[40] Including *The Single Convention on Narcotic Drugs - 1961 (amended by the Protocol of 25 March 1972)*, *The Convention on Psychotropic Substances – 1971*, *Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances – 1988*.

[41] Department of Justice Canada. 2013. Report on Plans and Priorities 2013-2014. Accessed from http://www.justice.gc.ca/eng/rp-pr/cp-pm/rpp/index.html

Department	Relevant Departmental Roles and Responsibilities	Role within the National Anti-Drug Strategy

HC	• Key Legislation: *Department of Health Act, Canada Health Act, Controlled Drugs and Substances Act*, and the *Food and Drugs Act.*
	• Strategic Outcomes:
	  • A health system responsive to the needs of Canadians.
	  • Health risks and benefits associated with food, products, substances and environmental factors are appropriately managed and communicated to Canadians.
	  • First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs to improve their health status[42].
		• Prevention Action Plan: Chairing the Prevention and Treatment Working Group and Sub-Working Group, and leading the ADSI (a consolidation of the Drug Treatment Funding Program and the Drug Strategy Community Initiatives Fund). HC led the drug prevention mass media five-year marketing campaign targeting youth aged 13-15 and their parents (2007-2012) and continued as the lead when the focus of the awareness marketing campaign changed to PDA (and now opioids) from 2014 onwards. It supports the Canadian Chiefs of Police National Prescription Drug Drop-Off Day and provides enhanced prevention and treatment supports for First Nations communities.
		• Treatment Action Plan: Chairing the Prevention and Treatment Working Group and Sub-Working Group, and leading the ADSI (a consolidation of the Drug Treatment Funding Program and the Drug Strategy Community Initiatives Fund) and the Mental Wellness Program.
		• Enforcement Action Plan: Overseeing the DAS, OCS and transfer to Regulatory Operations and Regions Branch (RORB) for compliance and enforcement activities. This includes efforts to ensure compliance of regulated parties with the CDSA to minimize diversion of controlled substances, precursor chemicals and prescription drugs.

CIHR	• Key Legislation: *Canadian Institutes of Health Research Act.* • Strategic Outcome: • A world-class health research enterprise that creates, disseminates and applies new knowledge across all areas of health research[43].	• Treatment Action Plan: Supporting research projects on the development, improvement and evaluation of addiction treatments, including PDA issues.

[42] Health Canada. 2013. Report on Plans and Priorities 2013-2014. Accessed from http://hc-sc.gc.ca/ahc-asc/performance/estim-previs/plans-prior/2013-2014/report-rapport-eng.php#a583

[43] Canadian Institutes of Health Research. 2013. Report on Plans and Priorities 2013-2014. Accessed from http://cihr-irsc.gc.ca/e/46331.html#a1

Department	Relevant Departmental Roles and Responsibilities	Role within the National Anti-Drug Strategy

RCMP	• Key Legislation: *Royal Canadian Mounted Police Act, Criminal Code of Canada, Proceeds of Crime (Money Laundering) and Terrorist Financing Act, Youth Criminal Justice Act,* and *Controlled Drugs and Substances Act.*
	• Strategic Priority:
	  • Serious and Organized Crime
	  • Youth[44].
		• Prevention Action Plan: Leading FPPE (which absorbed the former Drugs and Organized Crime Awareness Service).
		• Enforcement Action Plan: Disrupting the organized crime groups and networks involved in the production and distribution of illicit drugs that pose the greatest threat to the safety and security of Canadians.

PS	• Key Legislation: *Department of Public Safety and Emergency Preparedness Act.* • Strategic Outcome: A safe and resilient Canada[45].	• Enforcement Action Plan: Chairing the Enforcement Working Group and leading national coordination efforts to improve intelligence, knowledge management, research and evaluation.
ODPP	• Key Legislation: *Director of Public Prosecutions Act.* • Strategic Outcome: Criminal and regulatory offences under federal law are prosecuted in an independent, impartial and fair manner[46].	• Enforcement Action Plan: Strengthening capacity to deal with increased need for legal advice and prosecution services generated by law enforcement drug-related investigations related to serious drug offences and by the coming into force, as of November 6, 2012, of mandatory minimum penalties (MMPs) for serious drug offences.
CBSA	• Key Legislation: *Canada Border Services Agency Act, Controlled Drugs and Substances Act,* and *Criminal Code of Canada.* • Strategic Outcome: International trade and travel is facilitated across Canada's border and Canada's population is protected from border-related risks[47].	• Enforcement Action Plan: Addressing cross-border smuggling of prohibited goods, including illicit drugs; creating new policies in support of the Strategy; and researching new analytical techniques and deploying new detection technologies to assist border services officers in detecting and identifying suspected precursor chemicals.

[44] Royal Canadian Mounted Police. 2016. Strategic Priorities. Accessed from http://www.rcmp-grc.gc.ca/prior/index-eng.htm

[45] Public Safety Canada. 2013. Report on Plans and Priorities 2013-2014. Accessed from https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rprt-plns-prrts-2013-14/index-en.aspx

[46] Public Prosecution Service of Canada. 2013. Report on Plans and Priorities 2013-2014. Accessed from http://www.ppsc-sppc.gc.ca/eng/pub/rpp/2013_2014/index.html

[47] Canada Border Services Agency. 2013. Report on Plans and Priorities 2013-2014. Accessed April 24, 2013 from http://www.cbsa-asfc.gc.ca/agency-agence/reports-rapports/rpp/2013-2014/report-rapport-eng.html#s1x3

Department	Relevant Departmental Roles and Responsibilities	Role within the National Anti-Drug Strategy
PBC	• Key Legislation: *Corrections and Conditional Release Act* and *Criminal Code of Canada*. • Strategic Outcome: Conditional release and record suspension decisions and decision processes that safeguard Canadian communities[48].	• Enforcement Action Plan: Reviewing cases and making decisions regarding conditional release for provincial offenders in regions where there are no provincial parole boards.
GAC[49]	• Key Legislation: *Department of Foreign Affairs and International Trade Act*. • Strategic Outcome: Canada's International Agenda[50].	• Enforcement Action Plan: Providing policy coordination on the implementation of international drug conventions and programs for multilateral processes.
CRA	• Key Legislation: *Income Tax Act* and *Excise Tax Act*. • Strategic Outcome: Tax Services: Taxpayers meet their obligations and Canada's revenue base is protected[51].	• Enforcement Action Plan: Performing audits of persons known or suspected of deriving income earned from illicit drug production and distribution operations, and recovering tax dollars owing from raised assessments.
FINTRAC	• Key Legislation: *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*. • Strategic Outcome: A Canadian financial system resistant to money laundering and terrorist financing[52].	• Enforcement Action Plan: Enhancing capacity to produce financial intelligence that supports law enforcement in investigations and prosecutions of persons who handle money generated by the production and distribution of illicit drugs.
PSPC[53]	• Key Legislation: *Department of Public Works and Government Services Act*. • Strategic Outcome: High-quality, central programs and services that ensure sound stewardship on behalf of Canadians and meet the program needs of federal institutions[54].	• Enforcement Action Plan: Through the Forensic Accounting Management Group, enhancing capacity to participate in Integrated Proceeds of Crime investigations and prosecutions related to the production, distribution and possession of illicit drugs, specifically related to MGOs and clanlabs.

[48] Parole Board of Canada. 2013. Report on Plans and Priorities 2013-2014, p. 18. Accessed April 24, 2013 from https://www.canada.ca/en/parole-board/corporate/transparency/reporting-to-canadians/report-on-plans-and-priorities/2013-2014.html?wbdisable=true

[49] Formerly Department of Foreign Affairs, Trade and Development Canada.

[50] Department of Foreign Affairs, Trade and Development Canada. 2013. Report on Plans and Priorities 2013-2014. Accessed from http://www.international.gc.ca/department-ministere/assets/pdfs/DFATD-DPR-2013-14_FINAL_ENG.pdf

[51] Canada Revenue Agency. 2013. Report on Plans and Priorities 2013-2014. Accessed from http://www.cra-arc.gc.ca/gncy/rprts/2013/nar-001-eng.html

[52] Financial Transactions and Transactions Reporting Service of Canada. 2013. Report on Plans and Priorities 2013-2014. Accessed from http://www.fintrac.gc.ca/publications/rpp/2013-2014/rpp-eng.asp#s1.3

[53] Formerly Public Works and Government Services Canada.

[54] Public Works and Government Services Canada. 2013. Report on Plans and Priorities 2013-2014. Accessed from https://www.tpsgc-pwgsc.gc.ca/rapports-reports/index-eng.html

Department	Relevant Departmental Roles and Responsibilities	Role within the National Anti-Drug Strategy
CSC	• Key Legislation: *Corrections and Conditional Release Act*; *Safer Streets and Communities Act*. • Strategic Outcome: The custody, correctional interventions and supervision of offenders in communities and institutions contribute to public safety[55].	• Enforcement Action Plan: Case preparation and community supervision of provincial offenders convicted of offences under MMPs.

Across partner departments, federal key informants perceived federal roles and responsibilities to be well aligned with the Strategy's various programming elements. Moreover, most interviewees indicated that there was limited overlap or duplication between NADS and other programs and initiatives. Key informants noted that NADS, given its national focus, has little overlap with other programs given the different target audiences, specific niches, particular foci and geographic boundaries. A few key informants noted there may be some overlap in terms of resource allocation between federal and provincial/territorial programs. They explained that although federal representatives make an effort to collaborate and communicate with provincial and territorial partners and stakeholders, the coordination of actual activities is not always possible.

3.2. Performance – Achievement of Outcomes

3.2.1. Prevention Action Plan

Immediate Outcomes

Immediate Outcome: Increased awareness and understanding of illicit drugs, PDA, and their negative consequences.

The Strategy has successfully increased awareness and understanding of illicit drugs, PDA and their negative consequences among Canadians, including youth, parents, professionals, and at-risk populations. Community-level projects funded under the Strategy have introduced practices effectively enhancing community knowledge. In general, participants benefiting from projects funded by HC and those reached through awareness campaigns reported having more information about drugs and their impact.

[55] Correctional Service Canada, 2013. Report on Plans and Priorities 2013-2014. Accessed from http://www.csc-scc.gc.ca/text/pblct/rpp/rpp2013-2014/docs/2013-2014-RPP-Feb-13-2013-final-no_sig-eng.pdf

Performance information and related documentation were reviewed for those components contributing to increasing awareness through the development and dissemination of knowledge resources and prevention materials (HC, RCMP); workshops and discussions on controlled drugs and substances and the production of training tools and products relevant to the role of police officers (RCMP); as well as public awareness campaigns directed to youth and parents (HC).

A five-year national mass media campaign led by HC, targeting youth ages 13 to 15 and their parents, ended in 2011-12. After completion, approximately one quarter of the youth surveyed indicated that they decided not to do drugs, and approximately half were very likely to try to stop someone close to them from using drugs. In addition, youth who saw ads were more knowledgeable than before about drugs (25% vs. 19%) and their effects on physical health (39% vs. 29%); able to identify various drugs as being harmful (e.g., cannabis: 33% vs. 27%); and able to identify drugs that might be available to youth, including cannabis (68% vs. 50%) and ecstasy (31% vs. 29%). The parent campaign had a recall rate for radio, print and television advertising well above the Government of Canada and industry standards for the same years (2007 and 2008). Seventy-three percent of the surveyed parents recalled the television ad and 25% of this group said they did something after seeing the ad. In addition, parents who participated in a return to sample evaluation following the initial parent campaign indicated they were more likely to have discussed drugs with their teen in the last three months (89% vs. 81% from the baseline study).

In 2014, the HC Preventing Drug Abuse Campaign, targeting the same population group (youth aged 13-15 and their parents), was launched and focused on cannabis use and PDA. Afterwards, 50% of Canadians surveyed recalled the Campaign and analysis suggested that those exposed to the Campaign believe more in the seriousness of drugs than those who had not seen the ads.

There is also evidence of increased awareness resulting from investments in the ADSI projects. It was estimated that the ADSI had reached approximately 139,000 youth, 11,400 parents and 2,100 workers by 2015-16. Most of the evidence is provided at a project level; however, an evaluation[56] of a component of the ADSI (the Drug Strategy Community Initiatives Fund [i.e. the prevention component]) in 2014 concluded that nearly half of the projects that reported changes in outcomes provided evidence of increased awareness and understanding of illicit drugs, PDA and their negative consequences by targeted/at-risk populations. Although participating youth had high levels of awareness and understanding of healthy lifestyle choices, illicit drugs and their negative consequences at baseline, there was a measurable increase following the projects. Based on the

[56] Office of Evaluation, Health Canada/Public Health Agency of Canada (July 2014). Evaluation of the Drug Strategy Community Initiatives Fund 2008-09 to 2012-13.

findings from project evaluations that showed youth already had a high level of awareness prior to project interventions, a program decision was made to focus new projects on building capacity.

Through the RCMP's Federal Policing Public Engagement Unit (FPPE), and the National Aboriginal Policing and Crime Prevention Services Directorate, RCMP Federal Policing Services and RCMP Contract and Aboriginal Policing Services respectively provided community outreach programming to increase awareness, enhance public safety and reduce victimization of Canadians. While interventions were especially aimed at youth, the RCMP also engaged adult leaders and mentors. For example, in 2014-15, the RCMP trained, presented to or engaged with 5,000 public safety, health care, educational institution employees, non-governmental organizations, and community-based resource people. In addition, the RCMP created the Centre for Youth Crime Prevention as an online hub for youth, educators and police to access crime prevention and victimization tools and resources, including content on drugs and substance abuse.[57]

Most key informants involved in the Prevention Action Plan indicated that NADS has had a positive impact on raising awareness. For instance, the work with pharmacists to raise awareness of prescription drug misuse was highlighted as an important contribution. Also noted was the contribution from anti-drug ad campaigns to increase awareness and understanding.

Immediate Outcome: Enhanced supports for targeted at-risk populations.

The performance information indicates the RCMP programming contributes to supporting at-risk populations.

Given the importance of community-relevant prevention programming, as of 2014-15, there were 14 formal programs that RCMP Divisions could use/tailor to support at-risk populations. These included the following: Aboriginal Shield, Drug Abuse Resistance Education (DARE), Drugs & Sports, Drug Awareness Officers Training, Drug Endangered Children, Drugs in the Workplace, Kids & Drugs, Racing Against Drugs, Youth Officer Training, Prescription drug abuse-related initiatives, Synthetic Drug Initiative, Community Prevention Education Continuum, a mobile application for drugs and organized crime awareness, organized crime presentations, and counter-gang programs. Although interventions were especially aimed at youth, the RCMP also engaged

[57] Royal Canadian Mounted Police, 2016. Centre for Youth Crime Prevention. Accessed from http://www.rcmp-grc.gc.ca/cycp-cpcj/index-eng.htm.

adult leaders and mentors. Some programs have built-in performance metrics, such as pre and post surveys of knowledge[58].

Immediate Outcome: Enhanced knowledge in communities to address illicit drug use, PDA and their negative consequences.

The performance evidence available concurs with the opinion expressed in interviews indicating that community-level projects and pilot initiatives introduced effective practices that enhanced community knowledge.

HC's ADSI provides funding to support community-level projects that promote knowledge development and community engagement. In 2011-12, 71 projects obtained funding from ADSI, decreasing to 43 active projects by 2015-16. An assessment of the ADSI project reports found evidence of enhanced knowledge in communities to address illicit drug use and its negative consequences. Information and resources were made available through several projects, using a diverse number of products and KE mechanisms to cater to diverse learning styles of the target population. While over half of the projects were able to demonstrate evidence of increasing access and availability of resources, the information on achieving outcomes for PDA projects is currently limited, though it is expected to become available as the projects continue implementation. To enhance knowledge, the ADSI has also taken several actions to promote findings and lessons learned from the Initiative to the wider prevention community. This included presentations at national conferences, sharing of the evaluation approach, and dissemination of the reports generated by the program to new funding recipients.

Interviews with key informants were in agreement with the project-level evidence, as many noted positive impacts resulting from the individual projects that were funded through ADSI, including the availability of promotion materials, increased education, and the integration of PDA into community awareness initiatives. In that regard, one informant indicated that communication about availability of medication for treating opioid addictions has increased. Some key informants clarified that the degree of positive impact is varied and depends on the project. In addition, once it is analyzed at the Strategy (or national) level, the impact of projects implemented at the community level is diluted. One interviewee explained that although these projects highlight promising practices, the limited funding available ($9.6 million per year) to support projects in all 13 provinces and territories is insufficient to have an impact at the national level.

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[58] Treasury Board of Canada Secretariat. (2015). *National Anti-Drug Strategy: Plans, Spending and Results 2014-15.* Retrieved from https://www.tbs-sct.gc.ca/hidb-bdih/plan-eng.aspx?Org=37&Li=28&Pl=603

Intermediate Outcomes

Intermediate Outcome: Enhanced capacity among targeted populations to make informed decisions about illicit drugs and PDA.

In general, participants in training activities or benefiting from pilot projects funded by Health Canada or reached through the awareness campaigns, report having more information about drugs and their impact. However, there is little evidence at the time of the evaluation to demonstrate its enhanced capacity among the target populations to make informed decisions.

The 2014 evaluation of the DSCIF component of the ADSI concluded that youth improved their capacity (knowledge and skills) to make informed decisions to avoid illicit drug use:

- 69% of youth involved in projects that targeted this outcome perceived an increase in the level of knowledge about how to avoid illicit drugs. The positive effects they reported were increased confidence, awareness of triggers to substance use, development of skills to respond to peer pressure, increased ability to communicate, greater comfort to refuse drugs, and acquisition of leadership skills.
- 83% of youth perceived positive changes in the level and nature of coping, avoidance and resistance skills such as overall increased coping skills, development of supportive interactions, positive attitude shifts, increased skills in facilitation techniques, greater ability to engage in prevention and education discussions and improvements in family change variables, family functioning, parenting communications and organization.
- 91% of youth perceived an increase in the level and nature of participants' resilience, including self-efficacy and access to support.

The 2014 evaluation also found that 78% of youth perceived a change in their intention to use, including first use, frequency and nature of use. Youth were asked about the likelihood that they would use one of several different strategies to avoid drug use in certain situations and about their ability to avoid/resist drug use under specific situations. Survey results showed statistically significant positive findings from baseline to post intervention, suggesting an increase in the likelihood that youth who participated in the projects will use various strategies to avoid or resist drug use. Becoming educated about drugs showed the greatest change, from 79% at baseline to 88% post intervention. There was also a statistically significant decrease from baseline to post project intervention in the likelihood of youth to try or regularly use illicit drugs in the next 12 months. For example, the number of respondents who indicated that they were very unlikely or unlikely to regularly use cannabis increased from 84% at baseline to 93% post intervention.

The PDA initiative includes a five-year public education campaign to raise awareness of the potential harms of PDA and the importance of proper monitoring, storing and disposing of prescription drugs. The National Prescription Drop-Off Day promotion through web advertising was followed by a series of eight testimonial style videos of recovering drug users and of parents/family affected by PDA. Mid-year (2014-15), as part of the PDA initiative, Cannabis and PDA TV ads aired in rotation. The PDA campaign was successful in continuing to raise awareness of the harmful effects of both cannabis use and PDA, as demonstrated by the campaign's popularity and visibility on the web and social media channels, measurement of metrics, and through Government of Canada and industry advertising standards comparisons. Fifty percent of Canadians surveyed recalled having seen HC's advertising about cannabis or PDA, and there was a 58% recall rate by parents with children (12-18). The evaluation results highlighted that those exposed to the campaign believe more in the seriousness of PDA and the danger of cannabis use among youth than those who had not seen the ads. However, there is little evidence at the time of the evaluation to demonstrate it enhanced capacity among the target populations to make informed decisions.

Some key informants indicated that NADS has contributed to enhancing the capacity of targeted populations. For instance, they believe that youth have greater knowledge, skills and increased resistance to substance misuse. As an example, one informant indicated that the changes in capacity to make informed decisions about illicit drugs and PDA are measured in relevant ADSI projects, and much of the evidence supports increased coping skills, family relations, self-confidence, resiliency, leadership and communication by youth, parents and families. However, interviewees noted there is limited evidence from the PDA awareness campaign and that it is difficult to measure the extent to which change has been observed.

Intermediate Outcome: Strengthened community responses to illicit drug and PDA issues in targeted areas.

There is some evidence that community-level projects have strengthened community responses to illicit drug issues. These projects generally predate the extension of the NADS mandate to consider PDA issues, which are still in implementation.

Several partnerships and knowledge exchange activities of ADSI projects have strengthened the community response to illicit drug issues in targeted areas. Projects have collaborated with community agencies to promote evidence-informed drug prevention initiatives, to work with community staff for improving content/materials, and to establish a network of supports for youth aimed at decreasing illicit drug use and addressing other behaviours that negatively impact youth.

According to the 2014 evaluation of the DSCIF component of ADSI, all funded organizations were able to provide strong evidence of engagement of community partners and networks in efforts to prevent illicit drug use. Community engagement was an integral aspect of the ADSI, and working collaboratively with existing and new partners appeared to be inherent to the implementation of projects. The evaluation found that in some communities, ADSI projects were instrumental in initiating the dialogue among community organizations, parents and youth about the issue of drug use among youth, and there was a statistically significant change from baseline to post project on all dimensions of community capacity.

The types of benefits derived from community engagement and the contributions of partners included knowledge/expertise, coordination and linkages with networks of existing services, in-kind resources (e.g., time, facilities, services such as translation, web design and social media), as well as support for delivery, communications, strategic planning, and involvement in strategy and resource creation and dissemination.

Some key informants consider that the Strategy has contributed to strengthened community responses, which is shown in the project-level evaluation results.

Intermediate Outcome: Reduced risk-taking behaviours related to illicit drugs and PDA.

Despite limitations and challenges in measuring behavioural change in the short-term projects and campaigns, project-level evidence demonstrates a reduction in risk-taking behaviours related to illicit drugs among target populations. It is too early to determine the impact of PDA investments in this area.

Overall, the 2014 evaluation of the DSCIF component of ADSI[59] found limited evidence of reduced risk-taking behaviours among the target population. However, the evidence that was collected was positive and showed a reduction in the frequency of use of illicit drugs. One project found that all of their youth participants decreased or ceased using cannabis as a result of involvement with the project. Other projects found improvements in areas outside of illicit drugs such as in class attendance and involvement during the project. Subsequently, some projects reported reduced illicit drug use after the intervention, as well as reports of other changed behaviour leading to reduced risk-taking behaviours: making new friends, creating buddy systems and forming tight bonds among each other and outside of the group, and self-reported decreased

[59] Office of Evaluation, Health Canada/Public Health Agency of Canada (July 2014). Evaluation of the Drug Strategy Community Initiatives Fund 2008-2009 to 2012-2013. Accessed from https://www.canada.ca/en/health-canada/corporate/about-health-canada/accountability-performance-financial-reporting/evaluation-reports/evaluation-drug-strategy-community-initiatives-fund-2008-2009-2012-2013.html

likelihood of future drug use. Reduced risk-taking behaviours has become one of the key outcomes that ADSI is focusing on with its current funded projects. As such, it is expected that the Initiative will have further evidence to support the achievement of this outcome in the next couple of years.

Key informants indicate that it is too early in the PDA mandate efforts to determine their impact. Regarding risk-taking behaviours, some key informants believe that there is evidence of some positive impact, exemplified in the good participation of youth in projects and observed reduced risk-taking behaviour such as a decrease in frequency of drug use, increased school involvement, and reduced participation in illegal activities.

3.2.2. Treatment Action Plan

Immediate Outcomes

Immediate Outcome: Enhanced capacity to plan/deliver a range of treatment services and programs to targeted populations.

Evidence demonstrates that NADS components supported research in drug treatment services, strengthened the quality and effectiveness of the Mental Wellness Program's treatment services, increased the consistency within the treatment system, and led to changes in policies/practices. Other NADS investments combine a criminal justice and therapeutic response to drug-related crimes through the Drug Treatment Court Funding Program and the Youth Justice Initiative. While the Strategy investments have enhanced capacity, it was noted that there remains a substantial treatment need.

The Mental Wellness Program of HC's FNIHB aims to strengthen the quality and effectiveness of addiction services. To improve the quality of treatment centres, the Mental Wellness Program funding supported centres to become accredited by a recognized body. As of 2014-15, the original goal of accrediting 80% of its treatment centres was surpassed, with 84% having been accredited – up from 74% in 2010-11. Furthermore, the quality of services was improved through a range of workforce development activities, including financial incentives for counsellors to become certified with a recognized national body, which resulted in an increase to 79% by 2014-15, up from 68% in 2010-11.

In 2014-15, an additional $13.52 million over five years in NADS funding was announced to enhance the capacity of prevention and treatment services in First Nations communities to address PDA. The additional funding was used to supplement existing programming, and to treat the

complexity of drug abuse in the areas of prevention training, case management and crisis intervention.

The Drug Treatment component of the Youth Justice Fund at Justice Canada also supports projects to enhance capacity to plan/deliver a range of drug treatment services and programs targeted at young people in conflict with the law. Over time, the program has seen a shift in demand from small training and research projects to multi-year pilot projects. The number of projects has ranged between 12 and 23 per year with funding ranging from $1.1 million to $1.6 million annually. The program representatives reported that project programming has reduced risk-taking behaviours of youth during their involvement, and that retention rates in the projects are usually high.

Justice Canada's DTCFP allocated funding to six pilot projects until March 31, 2015. Through the lessons learned at the pilot site, it was recognized that the model works best when there is a true and active partnership between the federal and provincial/territorial governments.[60] Thus, in 2015-16, the DTCFP expanded by entering into new three-year funding agreements with nine provinces and two territories. The Drug Treatment Courts (DTCs) combine a criminal justice and therapeutic response to drug-related crimes. The interviews with key informants indicated that the funding has helped ensure that community treatment, accommodations and residential facilities are available to approximately 200 offenders to receive court-monitored addictions treatment across Canada on a daily basis.

The evaluation of the DTCFP found that the effectiveness of DTCs with distinct sub-populations may be related to their composition and inclusion of expertise relevant to the needs of diverse participants. In other words, the individualized treatment plans developed for the DTC participants by staff with specific expertise dedicated to this target population appear to contribute to program effectiveness.

CIHR has contributed to enhanced capacity to plan and deliver a range of treatment services and programs targeted to populations by funding research studies. CRISM comprises four large multi-disciplinary, integrated teams (referred to as "Nodes") of academic researchers, service providers, decision-makers and people with lived experience. The Nodes are based in British Columbia, the Prairies (which includes representation from Manitoba, Alberta and Saskatchewan), Ontario, and Quebec/Maritimes. CRISM is intended to provide a unique, flexible and expandable platform to perform pan-Canadian research studies on any aspect of substance misuse, and to augment the

[60] Department of Justice Canada. (2015) Evaluation of the Drug Treatment Court Funding Program. Accessed from http://www.justice.gc.ca/eng/rp-pr/cp-pm/eval/rep-rap/2015/dtcfp-pftdt/index.html

quality and quantity of research on many forms of substance misuse across Canada. CIHR also funded the first collaborative study of the CRISM Nodes, known as the OPTIMA trial. This project intends to focus on optimizing patient care via comparing two models of care in the management of prescription opioid misuse. CIHR has committed five years of funding from 2014-15 to 2019-20.

In addition, CIHR supported a consensus workshop in March 2014 that brought together 10 CRISM development grant holders in order to inform the development of the four CRISM Nodes. Subsequently, CIHR supported two meetings (held in May 2015 and February 2016) for the Nodes to share updates on their progress and challenges to date. The meetings consisted of the four principal investigators, along with the co-principal investigators of the Nodes, other OPTIMA team members, as well as knowledge users, service providers, and representatives of people with lived experience of substance use.

Though most key informants thought the NADS funding had increased capacity and contributed to filling some gaps, they indicated that there is a substantial treatment need. In addition, they highlighted the need to treat the issues such as pain or trauma as well as the social determinants of health underlying problematic substance use. It is also important to consider co-occurring disorders, such as mental health, for treatment to be successful in certain populations.

Regarding the DTCFP specifically, one informant noted that due to the limited number of pilot DTC sites, many offenders have not had access to the Program and that, in some communities, there are no addictions services or resources available. This is expected to change with the expanded approach to DTCs.

Immediate Outcome: Improved collaboration on responses and knowledge of treatment issues.

Collaboration among partners and agencies is often stimulated by the nature of drug abuse treatment and prevention issues, independently of NADS. Nonetheless, according to a few interviewees, the introduction of the Knowledge Exchange Strategy fostered the integration of KE practices. In addition, CIHR's CRISM has facilitated the creation of a pan-Canadian research network on substance abuse.

Interviews with key informants highlighted that collaboration can occur independently of NADS due to departments' internal needs to collaborate or partner with certain organizations, departments or agencies (e.g., on innovations for technologies for drug testing, scanning and screening). In that sense, collaboration is stimulated and managed internally at the organizational level. Nonetheless,

several federal interviewees noted that the Strategy and the KES contributed to improved collaboration among federal departments/agencies.

Collaboration is one of the key areas of ADSI and is directly tied to one of the program's investment areas – linkage and exchange. As a result, it is one of the goals of almost all ADSI projects, and performance data showed that collaboration between and amongst jurisdictions continued to increase throughout the funded period. Collaboration contributed to improved consistencies because of new or enhanced linkages between stakeholders and projects and the willingness to share knowledge through conferences, publications, project meetings and electronic systems. Feedback from service providers and leadership participating in the British Columbia ADSI fora, dialogues and appreciative inquiries reported benefits of knowledge exchange and collaboration at both the practice and program levels. Participants found engagement in these activities to be informative, inspiring, relatable, practical and transformative. Additionally, participants in Nova Scotia, Prince Edward Island, New Brunswick, and Newfoundland and Labrador noted benefits of collaboration with each other. Benefits included sharing information and contributing to the development of specific projects, such as developing competency profiles for the Mental Health and Addiction workforce; sharing the content of Nova Scotia's Concurrent Disorders Toolkit; sharing information on Nova Scotia's service delivery model for inpatient withdrawal management and opioid dependence treatment initiatives; and sharing information on New Brunswick's administrative guidelines on family involvement and support.

Similarly, the DTCFP reported that collaboration among treatment providers across Canada was improved through teleconferences, face-to-face meetings and the development of on-line tools. To support the funding shift from six pilots to agreements with eleven provincial/territorial jurisdictions, the Program also led the development of a policy framework that includes a common definition of a Canadian DTC as well as guiding principles for its operation. This guide was developed through collaboration of the Federal/Provincial/Territorial Working Group on DTC and incorporated lessons learned at the pilot sites.

In addition, the DTCFP evaluation found that (i) developing partnerships with provincial/territorial governments in the administration of DTCs has the added benefit of facilitating more effective leverage of, and greater collaboration with, various service providers; (ii) with few exceptions, federally funded Canadian DTCs are following best practice approaches; and (iii) there is a robust continuum of care relying on a variety of treatment options.

Another example of similar efforts by the HC's First Nations and Inuit Health Branch was the implementation of the *First Nations Mental Wellness Continuum Framework* in 2015, which

builds on *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada,* and presents a shared vision for the future of mental wellness programs and services and practical steps towards achieving that vision. In March 2016, FNIHB organized a Mental Wellness Team gathering. The 260 participants, which included First Nations MWT members from across the country, were offered opportunities to exchange knowledge and develop networks on mental wellness strategies and interventions.

One major initiative fostering collaboration is the creation of the CRISM Network with support from CIHR. Created through a phased funding approach of development grants leading to team grants or "Nodes", five years of funding to support the infrastructure of CRISM, a pan-Canadian research network on substance abuse, was committed in November 2014. With the CRISM funding, the Nodes also invest in demonstration projects, training, conferences and knowledge translation activities. In 2015, CRISM received its first operating grant to collaboratively conduct a national randomized control trial comparing models of care in the management of prescription opioid misuse (OPTIMA). As reported to CIHR, CRISM had contributed 10 peer reviewed publications, 10 conference presentations, 82 presentations to the public/media, 62 newspaper articles, and 49 radio/TV contributions. In addition, to facilitate KE, the CIHR has also contributed with the organization of workshops and symposia on drug abuse (Vancouver, November 2011 brought together awardees of knowledge synthesis and catalyst grants; Ottawa, January 2013 workshop facilitated requests for applications for development workshop; Ottawa, March 2014 brought awardees from 10 development grants together; Toronto, May 2015 identified priorities for the first operating grant to CRISM). CRISM and CIHR also facilitated two Network Executive Committee meetings in May 2015 (Toronto) and February 2016 (Montreal) to critically reflect on progress, achievements and impacts arising from CRISM Network programs of research, capacity building and knowledge translation, and to facilitate discussion on the functioning governance and administration of the Committee.

The RCMP involvement in the Treatment Action Plan ended in 2011-12. The key objective of this program was to reduce crime and incarceration rates for youth by 'getting the right youth to the right services at the right time'. The rationale for RCMP involvement in this area was based on research that "strict sanctions have little to no effect on young offender recidivism rates and in some cases actually increase recidivism."[61] The RCMP model seeks to make full use of community resources to address the underlying causes of crime. It also seeks to ensure the strategic use of resources by referring moderate-risk youth to community services so that only high-risk youth are

[61] Dyck, H., & Campbell, M. (2011). *Implementation review of the Youth Intervention and Diversion Strategy, J Division: June to September 2011.*

sent into the correctional system[62]. In addition to developing and implementing a screening tool, the RCMP also began working with provinces and community partners to develop community mobilization protocols to improve interventions with youth.

A few interviewees noted that the efforts that went into the development of the KES fostered the integration of knowledge exchange into the general conversation. Participants in the KES case study indicated that effective exchange occurs at different levels depending on the NADS program. In some cases, it may occur mostly among stakeholders in the community (i.e. funding recipients) while in other programs, it occurs mostly internally, to share information and promising practices with respect to treatment and prevention among partners and stakeholders. Such flexibility in the mechanisms for knowledge exchange is considered to be required for optimal gains and the examples highlight that this type of exchange is driven ground-up. A few suggested that some challenges in harnessing knowledge exchange result from the diversity of the partners involved and noted that knowledge exchange through targeted partnerships can be more valuable.

Intermediate Outcomes

Intermediate Outcome: Increased availability of and access to effective treatment services and programs for targeted populations in areas of need.

NADS investments have increased the availability of treatment services and the responsiveness of programs for targeted populations. The impacts are limited to communities reached through funding, and there remains a need for additional treatment services.

HC's ADSI[63] funding aims to strengthen community and provincial/territorial capacity to address substance use treatment systems issues. Projects under this program have led to improvements to consistency within the treatment system and changes in policies/practices. In 2013-14, it is reported that capacity enhancements (including training and knowledge exchange initiatives) have contributed to the increased availability/access to evidence-informed treatment services and supports through expanded hours, scope of treatment services and reduced barriers to accessing services. ADSI projects are reporting a paradigm shift in some jurisdictions where there is now more value and use of evidence-based information resulting in more systematic training of staff, as well as increased awareness of staff and management of best practices.

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[62] Public Safety Canada. (2013, Aug. 1). Youth Intervention and Diversion Program (synopsis): RCMP 'J' Division. Retrieved from http://www.publicsafety.gc.ca/cnt/cntrng-crm/plcng/cnmcs-plcng/ndx/snpss-cn.aspx?n=54.

[63] In 2015–16, HC's Anti-Drug Strategy Initiative was created by combining the Drug Strategy Community Initiatives Fund with the Drug Treatment Funding Program.

HC's Mental Wellness Program supported a network of 44 treatment centres, as well as drug and alcohol prevention services in the majority of First Nations and Inuit communities across Canada. In 2014-15, 27 treatment centres received funding to expand and/or refocus their services to more effectively meet community needs. This funding has increased their capacity to address emerging gaps in service and program delivery through specialized training, enhanced programs and services, updated facilities, effective management tools, and the availability of evidence-based resources. For example, a youth-focused treatment centre adapted its program to be a family treatment centre based on the needs of the communities it served.

Justice Canada's Youth Justice had nine pilot projects running across Canada in 2015-16. All projects provided access to treatment interventions or programs for youth involved in the justice system. Projects ranged from a recreational intervention in Saskatchewan to adapting specialized treatment options for youth with fetal alcohol spectrum disorder in Manitoba. A project to deliver an outpatient drug treatment program using land-based, culture-based and experiential components along with family engagement started in the Yukon.

The DTCFP DTCs address the needs of very challenging target populations that are drug addicted, generally at high risk of re-offending, have multiple other issues (e.g., poverty, mental illness, low education levels) and often few supports (e.g., lack of family connections, negative peer associations). The evaluation (June 2015) results indicate that even with these challenges, the DTCs are showing promising results in several areas:

- reducing drug use;
- connecting offenders to community supports and social stability; and
- reducing criminal involvement.

DTCs have a direct, positive impact on the criminal justice system by facilitating an exit strategy for offenders whose issues (e.g., drug addiction) are better addressed through the collaborative support of social services. The evaluation highlighted the importance of the multidisciplinary organization and collaborative nature of the DTC model. Given that drug-addicted offenders are unlikely to seek treatment on their own, the criminal justice system, through DTCs, provides a unique opportunity to intervene and disrupt the cycle of drug use and crime in a cost-effective manner.

Most key informants did not provide evidence to assess this outcome in general, although those participating in the PDA case study noted some increase in availability of treatment services to

address PDA. For example, a prescription is no longer needed to buy Naloxone; safe injection sites in British Columbia have fewer restrictions; and there are fewer roadblocks to injection sites.

Intermediate Outcome: Enhanced uptake of evidence-informed treatment practices

While it is too early to measure enhanced uptake of evidence-informed treatment practices in all of the NADS components, there are some promising results based on project-level reporting to date.

Building on the evidence-based document *Honouring Our Strengths: A Renewed Framework to Address Substance Abuse Issues Among First Nations People in Canada* (2011), HC, the Assembly of First Nations and community mental health leaders collaborated on the development of the *First Nations Mental Wellness Continuum Framework* (2015). These key documents aim to contribute to enhanced uptake of evidence-informed treatment practices by providing a comprehensive framework of mental wellness services that outlines opportunities to build on community strengths and control of resources in order to improve existing mental wellness programs and services for First Nations communities. Implementation of *Honouring Our Strengths* is ongoing, and implementation of the Continuum Framework started in 2015 and is currently underway.

The 2014 evaluations of ADSI DTFP projects noted the premature timing for measuring an increase in understanding of evidence-informed practice information or changes in practice as a result of the ADSI work. Despite the caveat, key informants emphasized that with more time to further develop and implement projects, many of the ADSI initiatives have great potential to not only increase understanding of evidence-informed practice information, but also to support practice changes based on evidence. The finding is corroborated by three other ADSI projects that have evidence of changed practice and/or policies to integrate evidence-based information. The British Columbia project reports, for example, indicate that site orientation of staff and community-based training programs bring evidence-informed information to the practice level by incorporating compassion, inclusion and engagement, core addiction practices, and trauma-informed practices into their standards and curriculum design.

At the same time, standards of care across programs, program review processes and strategic planning within health authorities have included trauma-informed practice, client engagement and Indigenous cultural safety as core values, with support of leaders for the policy and practice changes. Examples of changes in policy and/or practices include: changes in referral protocols, changes in reception areas to include more engaging language across service settings, and an increase in involvement of people with lived experience in service and system change initiatives. The Yukon project reports also indicated changes in standards, policies and practices as a result of

evidence-informed information. For example, results from Alcohol and Drug Services counselling staff surveys at different intervals indicated that the GAIN-SS screening tool has been beneficial for identifying mental health issues.

Intermediate Outcome: Improved treatment systems, programs and services to address illicit drug dependency and PDA in targeted populations in areas of need.

There is limited evidence from the NADS performance information to demonstrate that components of the Treatment Action Plan are contributing to the improvement of treatment systems, programs and services to address drug dependency in targeted populations.

Given that the DTCFP has only recently moved from funding six pilot sites to eleven provinces and territories, a more focused sharing of best practices or knowledge exchange could support improvements in the DTC Program. The new FPT Working Group includes active participation in the quarterly teleconferences, and efforts could be made to enhance this activity through virtual conferences, webinars on successful approaches, and case study research and reporting on innovative efforts. The policy work supporting the Program could be strengthened by including stakeholders involved in the day-to-day operations.

The Youth Justice Drug Treatment projects all targeted youth involved in the justice system with substance abuse issues. Project models included the following: Equine Assisted Therapy; treatment programming adapted for youth with fetal alcohol spectrum disorder; rehabilitative support for youth (e.g., family interactions, education, life skills, vocational training, etc.,); involvement of volunteers to provide community support and develop coping strategies; new approaches to better engage and retain youth in addictions treatment; and involvement of a recreation therapist who works with youth to help them identify barriers, determine how to reduce or eliminate these barriers, and develop pro-social connections.

FNIHB funds the primary network of treatment centres and community-based programming in place to respond to substance use issues, including PDA, among First Nations people in Canada as a targeted population through the Mental Wellness Program. Treatment centres include a range of mainstream and culturally relevant approaches. Through these national programs, First Nations and Inuit people have access to inpatient, outpatient and day treatment services, as well as specialized services for people with unique service needs (e.g., programming for families, youth, solvent abusers, women and people with concurrent disorders).

ADSI projects have contributed to improved treatment systems, programs and services primarily through reducing duplication and/or efforts towards cost saving, largely as a result of collaboration

and knowledge exchange. The Nunavut project, for example, reported that the adaptation of the mental health GAP tool, through a partnership with the Pan American Health Organization and the World Health Organization, has proven cost effective for supporting paraprofessionals in effectively serving individuals with mental health and addiction issues. The British Columbia project also presented evidence of reduced duplication through their collaborative consultations. The ADSI team and provincial stakeholders have taken a collaborative approach to planning the adaptation and use of regional resources across the province. Additionally, the Newfoundland and Labrador project indicated it avoided duplication of efforts and better knowledge sharing of evidenced-based best practices for methadone maintenance treatment (MMT) through a partnership with Nova Scotia to revise the MMT standards, particularly because of the extensive expertise and experience in Nova Scotia regarding capacity building for MMT.

CIHR has contributed to improving treatment systems, programs and services in targeted populations in areas of need by funding grants which are focused on developing and sharing research on illicit drug treatment services and programs during the first five years of NADS. The Nodes, which are in their third year of funding, are expected to continue to provide a unique, flexible and expandable platform to perform pan-Canadian research studies on any aspect of substance misuse, and to augment the quality and quantity of research on many forms of substance misuse across Canada. In addition, CIHR funded the first collaborative study of the CRISM Nodes to focus on optimizing patient care via comparing two models of care in the management of prescription opioid misuse, known as the OPTIMA trial. CIHR has committed five years of funding from 2014-15 to 2019-20, after which the results are expected to inform system improvements.

Though there was limited information, many key informants indicated that NADS has had a positive impact on the treatment programs and services for targeted at-risk populations. However, they also pointed to a few areas where further work would be beneficial, for instance:

- There is a need for capacity and competency building and support among professionals (i.e. teachers, primary health care providers, practitioners, paramedics);
- Substance use cannot be addressed without considering the context, including the interaction between substance abuse and mental health, as well as the availability of support systems, both of an emotional and financial nature; and
- The research provides evidence that substance use should be tackled at the root level, addressing causes and triggers; however, according to key informants, there is not enough practical application of this approach.

Intermediate Outcome: Reduced risk-taking behaviours related to illicit drugs and PDA.

The evidence to demonstrate reduced risk-taking behaviour is often limited to information available while the individual is participating in the project and pre-post intervention surveys. Across the NADS components, project participants had reduced substance use and criminal involvement.

FNIHB (HC) has funded initiatives that promote preventing substance use, delaying age of first use, and avoiding high-risk substance use. These initiatives aim to strengthen protective factors for substance use in individuals and communities. Some evidence of reduced risk-taking behaviours includes:

- A high percentage of clients terminate or reduce usage of at least one substance following treatment at a treatment centre, with termination and reduction rates ranging from 67% to 100%, depending on the substance.
- Clients who completed the post-treatment survey were also less likely to engage in risky behaviours such as impaired driving or engaging in violent activity.

Data collected through the Drug Treatment Court Information System show that drug treatment court clients had clean urine screen tests (i.e. no illicit drug use) 69% of the time that they were in the program. The 2015 DTCFP Evaluation[64] found that this was a significant achievement given the addiction severity of the participants. Additionally, the evaluation showed positive results in key areas: retention of participants and graduation rates; reduction in drug use by participants; improved social stability and use of community supports by participants; and reduction of criminal involvement among DTC graduates. The Evaluation report includes evidence that graduates are significantly less likely to re-offend than those who have left the program or who have not participated. It also found that the DTC participants who did re-offend had fewer drug offences than the comparison group.

Most youth involved in project programming are reported to have reduced risk-taking behaviours during their involvement, including reduced drug use and recidivism. According to project reporting, retention rates in youth justice pilot projects are usually very high. However, given the nature of the funding, post-project behaviour is not tracked.

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[64] Department of Justice Canada. 2015. Drug Treatment Court Funding Program Evaluation. Accessed from http://www.justice.gc.ca/eng/rp-pr/cp-pm/eval/rep-rap/2015/dtcfp-pfttt/dtcfp-pfttt.pdf

Most key informants did not comment on this outcome. One informant perceived a decline in the number of drug-related convictions for DTC participants and partly attributed this to NADS efforts (i.e. the DTCFP).

3.2.3. Enforcement Action Plan

Immediate Outcomes

Immediate Outcome: Increased effectiveness of efforts related to drug enforcement, tax compliance and prosecution of illicit drug producers and distributors.

Performance information provides clear evidence of greater enforcement activity, including audits, seizures, and authorizations to destroy controlled substances. However, enforcement efforts must continually keep up with innovations in the illicit drug market, which limits the extent of the impact.

Performance information reveals how each of the Enforcement Action Plan partners contributes to the effectiveness of efforts related to drug enforcement and prosecution of illicit drug producers and distributors. For instance,

- The Office of the Director of Public Prosecutions (ODPP) contributes to enhanced investigations through the provision of pre-charge legal interventions/advice to members of the RCMP and other police services. The majority of prosecution files in 2015-16 related to distribution offences (87%), an increase from 82% in 2011-12. Most prosecution files resulted in a conviction (between 70% and 78% of annual files) with 11% to 17% of files having charges withdrawn.
- RCMP's drug-related seizures increased from 2014 to 2015 from 35,178 to 37,194 with cannabis, cocaine, methamphetamine, and anabolic steroids remaining the most frequent types of drugs seized. The estimated street value of seizures also increased from 2014 to 2015 from $152 million to $154 million. Drugs were seized most frequently in Montreal, Toronto, and Hamilton.
- In 2015, there were 1,889 evaluations of drug-impaired driving, including 1,615 cases that were pursued by Drug Recognition Experts for charges and provincial administrative sanctions.

- In 2011-12, there were 478 MGOs seizures, where 248,168 plants and 272 kg of cannabis bud were seized. In 2015-16, a smaller number of plants were seized (41,650) but over 3,400 kg of cannabis were seized.
- Over the evaluation period, the number of precursor chemical seizures by the CBSA has ranged from a low of 132 seizures in 2014-15 to a high of 801 in 2012-13. The large number of chemical seizures in 2011-12 and 2012-13 is considered evidence of increased intelligence capacity in the areas of identification and interdiction of illicit precursor chemical shipments.
- The number of contraband samples analyzed by the CBSA Laboratory to identify drug substances and precursors has increased from 3,304 in 2010-11 to 5,601 in 2014-15. However, the average response time has increased from approximately 15 days in 2010-11 to close to 30 days in 2015-16. In addition, the CBSA Laboratory has reported an increasing trend of chemicals that are not yet controlled but have been linked to use/abuse in a similar fashion to other synthetic drugs being submitted for analysis.
- The DAS of HC received between 109,000 and 120,000 exhibits per year for analysis. For example, in 2015-16, DAS received 116,998 exhibits (42,096 cannabis and 74,902 non-cannabis) and analyzed 116,482 exhibits (42,651 cannabis and 73,831 non-cannabis) for which results were returned to clients with an average of 25 days for regular analyses (DAS service standard is 60 days).
- The CRA performs audits where taxpayers were involved in the production and distribution of illegal drugs. The NADS funding provides the CRA with dedicated resources to perform workload development and civil enforcement activities in this specific criminal sector that may not be addressed to this level otherwise. Successful audits attempt to remove wealth from drug producers and distributers by taxing the profit from the illegal activities and removing the financial incentives to continue participating in illegal activities. Between 2011-12 and 2015-16, approximately $27 million have been assessed in taxes.
- The Forensic Accounting Management Group (FAMG) of PSPC provides forensic accounting and evidentiary services to NADS partners, most notably the RCMP and ODPP. By providing high quality and specialized forensic accounting analysis, the organization has enhanced the investigations and prosecutions of NADS cases that have financial components. FAMG provided specialized forensic accounting services and analysis to the RCMP and ODPP on proceeds of crime investigations, including investigations related to the importation, exportation, production, trafficking and possession of illicit or controlled drugs and substances. In 2015-16, FAMG worked on 94 RCMP NADS files/investigations and issued 39 forensic accounting reports.

- HC's Office of Controlled Substances (OCS) contributes to efforts to reduce the likelihood of controlled substances used in prescription medications and chemicals used in their production being diverted to the illicit market. During the evaluation period, RORB inspected over 200 licensed dealers for controlled drugs, precursor chemicals and industrial hemp, and added inspections of pharmacies in 2015-16 as part of the PDA. For example, in 2015-16, there were 184 inspections of licensed dealers for controlled drugs and precursor chemicals, 82 inspections for industrial hemp, and 232 pharmacy inspections.
- The OCS also authorizes law enforcement agencies to destroy seized controlled substances. The number of signed destruction authorizations fluctuated during the evaluation period from approximately 99,000 in 2014-15 to approximately 193,000 in 2012-13.
- Correctional Service Canada is responsible for administering sentences of a term of two years or more and for the case preparation and supervision of provincial offenders in regions where there are no provincial parole boards. While the overall supervised provincial population is relatively stable, in April 2014, the proportion of offenders serving a sentence for a drug offence increased to 29% from 24% in March 2013.
- There has been a slight increase in the number of reviews of provincial offenders convicted of drug offences by the Parole Board of Canada, from 138 reviews in 2012-13 to 150 reviews in 2014-15.

Interviews with almost all key informants working in the Enforcement Action Plan thought that there has been increased effectiveness in efforts related to this Action Plan. The challenge highlighted in the interviews is that despite advancements in enforcement, the extent of the impact has been limited by the need to continually keep up with innovations in the illicit drug market. The rapid and diverse growth in the drug market requires continued improvement in the accurate detection of chemicals, in the ability to identify trends and report them to law enforcement officers, and in the development of new technologies and regulations to adapt to the evolving drug markets.

Immediate Outcome: Improved the gathering, analyzing/sharing of intelligence and analyzing of evidence.

Performance information shows improved gathering and analyzing of evidence, resulting from increases in the number of chemical and precursor seizures. Forensic accounting and financial intelligence also provide supporting evidence to enforcement agencies, supporting the federal efforts to remove the financial incentives of crimes. While interviewees noted that collaboration is expected given the nature of the issues at hand, it was thought that NADS has contributed to an improvement in intelligence sharing.

Some of the performance information above also points to improved gathering and analysis of the evidence, gathering intelligence about controlled substances, and the increases in the number of chemical seizures, particularly in the first two years of the evaluation period. Other examples of improved intelligence and evidence include forensic accounting and financial intelligence as follows:

- The FAMG provides forensic accounting services on proceeds of crime and criminal investigations of organizations that profit from illegal drug activities. This directly supports federal efforts to remove the financial incentives of crimes by increasing seizures and forfeitures. The number of forensic reports active in each year range between 164 and 197. The number of new forensic reports produced in a year has decreased from 79 new reports in 2012-13 to 39 in 2015-16. Information on the forfeiture of assets is incomplete for the period being analyzed. Nonetheless, total assets forfeited in 2012-13 were valued at $7.2 million and those forfeited in 2014-15 were valued at $2.8 million.
- The Financial Transactions and Reports Analysis Centre of Canada (FINTRAC) discloses financial intelligence on different cases to law enforcement. Unique cases are those where disclosures relate to suspicions of money laundering or terrorist financing where the predicate offence is believed to be drug distribution or production. The number of total disclosures of financial intelligence has doubled from approximately 800 in 2011-12 to over 1,600 in 2015-16. Approximately 27% of these disclosures were drug related. FINTRAC provides a feedback form with each disclosure to law enforcement and national security partners. More than 90% of participants indicated that disclosure was useful in support of key partner priority investigations and, in 2014-15, 94% of respondents indicated that the disclosure information was actionable.
- The CBSA has dedicated resources within the Intelligence Operations and Analysis Division to optimize border enforcement through intelligence. This is best demonstrated by conducting and operationalizing national intelligence projects. These projects involve the Intelligence Operations and Analysis Division, regional offices, partner agencies and border operations. The dedicated resources continue to focus efforts to identify gaps, leverage resources of partners, thereby applying a shared border strategy approach to facilitate intelligence driven seizures and to increase interceptions of contraband at ports of entry.
- The OCS continues to share information with law enforcement through established processes where applicable regulatory authorities exist, so as to increase their capacity to analyze intelligence/evidence. The OCS is also continuing to enhance its information management tools to facilitate this information sharing in the coming years.

Some federal key informants indicated that the relationship across agencies has been built on internal efforts and motives for collaboration. Nonetheless, these key informants believe that NADS promotion of intelligence sharing among partners has facilitated collaboration and information sharing across agencies. For instance, one key informant noted that CBSA's Precursor Chemical Intelligence Network has proven to be an effective mechanism for sharing subject matter expertise on precursor chemical issues and for transmitting this knowledge to CBSA Officers who work in environments where they could encounter illicit precursor chemical shipments. The Network has also contributed to the timely analysis of samples and collaboration with HC and police services.

Immediate Outcome: Increased awareness of illicit drug and precursor chemical issues for enforcement officials.

Training sessions were offered to enforcement officials to increase their awareness of illicit drugs and precursor chemicals, and provided a forum for information dissemination. Furthermore, collaboration among agencies was found to have contributed to increasing awareness.

One key strategy to increasing awareness is training sessions offered both by HC and the RCMP. The training across Canada teaches police, fire-fighting personnel, border agents, hydro personnel, building inspectors, among others, as to how to identify, dismantle and handle clanlabs, MGOs and related equipment. News alerts and internal webpages are also disseminated to RCMP officers to keep them updated on emerging drugs, such as fentanyl, while providing guidance for safe interventions.

In addition, training to law enforcement officers, Crown lawyers and border officials is offered by HC's DAS. In 2011-12, 45 training sessions were offered to more than 1,000 individuals. In 2015-16, the number of training sessions was 37, with 971 participants. HC's OCS liaises and maintains a dialogue with law enforcement, providing guidance and regulatory interpretation of regulations to enforcement officials when requested.

Most key informants concur that the Strategy has increased awareness of illicit drugs and precursors, and in some cases the impact is perceived to have been significant. For instance, the training of enforcement officials supported by NADS contributes to increased awareness of illicit drug and precursor chemical issues. Drug use patterns vary across the country and some internal key informants believed that NADS has been effective in sensitizing officials about issues happening in different jurisdictions across Canada, which enables planning and an improved response. They also believed there has been significant positive impact on dissemination of information among officials and sharing of information across agencies.

Immediate Outcome: Increased effectiveness in controlling and monitoring controlled substances and precursor chemicals.

Efforts to control and monitor controlled substances and precursor chemicals are undertaken both at the national and at the international level. At both levels, mechanisms are in place to help ensure that controlled substances are not diverted to the illicit market and to improve control of precursor chemicals. NADS has provided overarching support and valuable tools for controlling and monitoring controlled substances and precursor chemicals.

Efforts to control and monitor controlled substances and precursor chemicals are undertaken both at the national and at the international level. Regarding national controls, HC's OCS plays a key role in helping to ensure that controlled substances and precursor chemicals used in their production, are not diverted to the illicit market. Licensing and inspections are used to ensure that licensed dealers are compliant. The OCS also authorizes destruction of seized controlled substances by law enforcement agencies.

The Office is restructuring its processes for operations in order to increase efficiency and decrease wasted effort to process applications for authorizations, including those for controlled substances and precursor chemicals. This restructuring also aims to improve OCS' capacity to collect and track information on OCS licence holders for monitoring and compliance purposes, thus contributing to the improved management of risk and the prevention of diversion.

At the international level, GAC allocates funding to the United Nations Office on Drugs and Crime and the CICAD (*Comision Interamericana para el Control del Abuso de Drogas*) of the Organization for American States to help both organizations with training and coordination of support for international counter-narcotics efforts. Funds are allocated to law enforcement and advisory services, improving control of precursor chemicals, strengthening border management, creating robust drug information systems to improve control of precursor chemicals and the investigative skills of law enforcement officers. Numerous workshops and training opportunities have been offered and capacity building is promoted with train-the-trainer activities.

Some key informants highlighted the positive contribution of NADS efforts in providing support and tools for controlling and monitoring controlled substances and precursor chemicals (e.g., supporting developments in lab technologies). Some key informants attributed the increased effectiveness in controlling and monitoring controlled substances to the operational evolution of a department/agency, and they believed that NADS is still a useful strategic reference tool. They also believed that NADS had a positive impact, by providing overarching support and tools for monitoring international or cross-border projects.

Intermediate Outcomes

Intermediate Outcome: Disruption of criminal organizations/operations related to illicit drug production and distribution.

There is evidence of disruption of criminal organizations and operations due to increased quality and availability of evidence and collaboration between agencies. However, the impact is moderated by the fast growth rate of illicit drug operations and the regulations that are slow to adapt to the evolving drug markets.

Key informants indicated that the Strategy has been somewhat successful in attaining this outcome, given the increase in information sharing and collaboration across agencies. For instance, many partners support criminal investigations and prosecutions that lead to the disruption of criminal operations. Support can be in various forms, for example seizures of precursor chemicals or the provision of testimonies in court. A key informant provides the example of an announced inspection of sassafras oil, which can be used as a precursor chemical, where the inspector identified large ecstasy production (4M tablets of MDMA - $20 per tablet). This led to a raid that uncovered weapons, chemicals and other materials. NADS performance information indicated that:

- Over the evaluation period, DAS has provided approximately 60 testimonies in court. In 2015-16, 12,726 charges were laid against 4,131 individuals on occurrences involving production, import/export or trafficking-related violations under the CDSA.
- In 2015-16, 943 charges (excluding cannabis) were laid against 334 individuals for running a clanlab.
- FINTRAC's financial intelligence contributes to the disruption of criminal operations and organizations related to illicit drug production and distribution. The Centre's financial intelligence disclosures are used by law enforcement partners to confirm existing information, introduce new information allowing investigations to progress, or as a source for partners to begin an investigation.
- A significant proportion of the efforts of the ODPP in relation to providing advice to police regarding drug investigations and conducting drug prosecutions relate to criminal organizations and organized crime.
- FAMG provides direct support on drug related proceeds of crime investigations, including those related to the importation, exportation, production, trafficking and possession of controlled drugs and substances. By providing specialized forensic accounting services on

criminal investigations with financial components, FAMG has assisted in targeting organizations that profit from illegal drug activities. The Group supported investigations and prosecutions by providing analysis, reports and expert testimony demonstrating how the criminals acquired their profits. This measure directly supported federal efforts to remove the financial incentives of crimes by increasing seizures and forfeitures. FAMG's forensic accountants worked on proceeds of crime investigations, including those involving illicit drugs and substances. In 2015-16, they also issued numerous reports that led to the seizure, forfeiture or imposed fines of $1,080,660.

Although most key informants consider that the impact of NADS on disrupting criminal organizations or operations has been significant, a few informants highlight that illicit drug operations are growing at a fast rate (e.g., new compounds are introduced), and that Canada is now a transit country for new chemicals. As well, key informants noted that regulations were not up to date with respect to scheduling new substances, therefore not always allowing for timely action. Some respondents believe that improved regulations would allow for faster response and effective enforcement interventions.

Intermediate Outcome: Improved intelligence and evidence about illicit drugs

Evidence indicates the increased collaboration across departments and with industry partners and stakeholders has facilitated the production of intelligence and evidence about illicit drugs.

It was noted in the performance information that partnerships were a key factor that supported the enforcement intelligence activities. Specifically, the RCMP worked with municipalities where threats were identified, as well as through the Canadian Integrated Response to Organized Crime, a joint initiative of the Canadian Association of Chiefs of Police and the Criminal Intelligence Service Canada, aimed at developing operational coordination between local, municipal and federal enforcement agencies[65].

Developing the RCMP's intelligence capacity to support enforcement activities was a focus during the time under review. For instance, many of the discovered MGOs were a result of proactive intelligence gathering. Similarly, the RCMP focused on developing its connections with community organizations and the private sector in order to support intelligence gathering activities related to synthetic drugs (e.g., Canadian Association of Chemical Distributors, Canadian

[65] Parliament of Canada, House of Commons. (2013, Feb 7). *Standing Committee on Public Safety and National Security*. Retrieved from http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=e&Mode=1&Parl=41&Ses=1&DocId=5970697

Fertilizer Institute, and Chemistry Industry Association of Canada). For instance, an initiative titled *Chem Watch* was implemented to sensitize the industry on the issues at hand and engage these partners in addressing the problems linked to the diversion and the use of their chemicals in the illicit production of synthetic drugs. As a result of these types of engagements, industry partners provided intelligence that supported seizures. In addition, the RCMP established an "alert-bulletin" system for a series of unregulated essential chemicals that has been sought by organized crime for the production of synthetic drugs. This resulted in many tips that allowed investigators to establish new investigations.

Many of the federal key informants indicated that the production of intelligence and evidence about illicit drugs has improved due to increased collaboration across departments, the provision of hard evidence, and the contribution being made by research on illicit drug issues.

Intermediate Outcome: Improved intelligence and evidence about prescription drug abuse.

The establishment of the Prescription Monitoring Program (PMP) Network is expected to contribute to improved intelligence and evidence about PDA, as well as expanding the coverage of PMPs.

In 2014-15, a Federal/Provincial/Territorial Prescription Monitoring Program (PMP) Network was created with a view to establish PMPs where they do not already exist and to strengthen current PMPs.

Some internal key informants indicated that intelligence and evidence about PDA has improved. For instance, the monitoring and inspecting of pharmacies are mentioned as a means of increasing knowledge about PDA, though the reach is limited as HC inspects 300 out of 9,000 pharmacies per year, using a risk-based approach to identify those for inspection.

Intermediate Outcome: Increased safety in dismantling illicit drug operations, (e.g., MGOs, clanlabs)

During the evaluation period, there were no injuries reported due to the unsafe handling of chemicals nor any incidents that would impact the environment as a result of dismantling illicit drug operations. The Strategy's contribution includes enhanced staff training and increased safety measures.

According to the NADS performance information, there were no injuries reported due to the unsafe handling of chemicals nor any incidents that would impact the environment as a result of dismantling illicit drug operations. Few key informants are involved in these activities; however,

those familiar with the dismantling of drug operations judge that the Strategy has had a major positive impact on these activities, particularly resulting from enhanced staff training and increased safety measures.

Collaboration was also reported by key informants as being helpful in increasing safety. For example, 100% of clients surveyed after working with DAS reported being satisfied with support provided by the Service for activities related to clanlab dismantlement.

Intermediate Outcome: Increased compliance and reduced risk of diversion of controlled substances, prescription drugs and precursor chemicals

In general, licensing and inspections of licensed wholesalers and pharmacies contribute to increased compliance and reduced risk of diversion. The challenge, however, is the fast evolution of the illicit drug market and the difficulties in controlling the transport of small drug doses.

HC's OCS continued its compliance and enforcement activities in administering the regulatory framework for controlled substances and precursor chemicals. Through the examination and analysis of options for a new risk-based model aimed at improving the Department's ability to target activities that pose the highest risk, the OCS worked to increase its analytical capacity to control and monitor controlled substances and precursor chemicals.

Licensing as well as inspections are expected to increase compliance. Licensed dealers have been inspected over the past ten years in an effort to ensure they are compliant with the CDSA. In instances where there were issues, compliance and enforcement actions could be taken, such as product seizures, licence suspensions, licence revocations or referrals to law enforcement officers. Over the years, key informants noted an increase in compliance with the CDSA. As part of the PDA, a formal compliance rating system was developed for pharmacies with implementation scheduled for April 2017.

From 2011-12 to 2014-15, the RCMP leveraged partnerships with various international organizations (e.g., G8, United Nations Office on Drugs and Crime, OAS) and individual countries (e.g., India and China) in order to circumvent the illegal diversion of chemicals from those countries into Canada.

The RCMP's International Liaison Officers provided direct assistance and support by working with counterparts in their geographic areas of responsibility to advance police operations and support intelligence gathering and the sharing of best practices. Furthermore, as a means of fostering relations and encouraging information sharing, the RCMP invested in building capacity

in source countries, focusing on synthetic drug operations and chemical diversion programming. The RCMP also welcomed international delegations to Canada to share procedures and investigative methods when dealing with MGOs (e.g., European Union Seminars on Cannabis and Organized Crime in 2011-12). Additionally, regular members engaged with international chemical companies with the goal of developing a mechanism for "real-time" information exchanges on precursor chemical shipments destined for Canada. Finally, the RCMP worked with international partners to support enforcement activities in Canada. In 2013-14, the RCMP participated in INTERPOL's *Operation Pangea VI*, which targeted online counterfeit and unlicensed medicines. The Operation spanned 100 countries and resulted in the seizure of counterfeit and illicit drugs, with an estimated street value of $36 million US[66].

Some federal key informants believed that regular inspections of licensed dealers, although general, result in less diversion, and pharmacy inspections are contributing to a greater control of prescription drugs. However, a few key informants identified the slow regulation in Canada as a challenge. Given the fast evolution of illicit drugs, the actions of authorities are limited and their response slowed by the regulatory approach. Although the transport of small drug doses has increased in the postal and courier streams, some efforts have been made to change the legislation to allow Border Services Officers to open mail weighing 30g or less, which will assist with greater compliance and reduced risk.

Intermediate Outcome: Reduced health, safety and security risks associated with illicit drug production

The reduction of potential production capacity due to seizures and inspections contributes to reduced health, safety and security issues. Increased knowledge regarding measures to safely dismantle illegal drug operations also contributes to this outcome. The rapid and diverse growth in the drug market requires continued improvement in the accurate detection of chemicals, in the ability to identify trends and report them to law enforcement officers, and in the development of new technologies.

The dismantling of labs and removal of precursor chemicals reduce production capacity, and thus decrease health and safety risks associated with illicit drug production. Although information is not available for all years, the seizure of precursor chemicals can represent amounts up to 1,500 kg of a given chemical.

[66] RCMP. (2014). *2013-14 Departmental Performance Report.* Retrieved from http://www.rcmp-grc.gc.ca/en/royal-canadian-mounted-police-2013-14-departmental-performance-report.

Increased awareness of the dangers and precautions to safely dismantle illegal drug operations also contributes to reduce risks. NADS has contributed to such increased awareness via training programs offered. It is noted in the performance reports that over the evaluation period, between 88% and 97% of DAS training participants who answered the survey reported increased awareness on illegal drug production and trends for conducting successful investigations. As well, more than 90% of respondents report being aware of the dangers and precautions necessary to safely dismantle illegal drug operations.

The evidence from interviews with federal key informants was mixed. On one hand, some key informants mentioned that inspections of licensed dealers reduce diversion towards illicit drug production and believed that NADS has had a major positive impact in these activities. On the other hand, a few informants reported that the illicit drug market is growing faster than security measures. The rapid and diverse growth in the drug market requires continued improvement in the accurate detection of chemicals, in the ability to identify trends and report them to law enforcement officers, and in the development of new technologies.

3.2.4. Factors Contributing to or Impeding Outcome Achievement

When asked to identify key factors contributing to the achievement of outcomes, key informants identified the following:

- The horizontal approach to the Strategy (elaborated in the following section) was identified by many key informants as contributing to the achievement of outcomes as it brought many partners together and encouraged collaboration. By having partners with a variety of mandates and areas of expertise, the Strategy represents a comprehensive approach based on shared principles and a common understanding.
- The presence of inspectors in the field has contributed to fulfilment of activities according to guidelines.
- Improved data collection, evolution of technologies and defining of new substances led to significant increases in drug seizures.
- Increased use of technology that allows for faster analyzing of information.

According to key informants, factors that have detracted from success include:

- Given the policy direction, much of the emphasis was on enforcement, which made it challenging to maintain a balanced effort across the three pillars of the Strategy.

- Having a limited harm reduction component to the Strategy presented challenges in aligning and collaborating with some international approaches. During the evaluation period, many of the developed countries had integrated harm reduction components in their national drug strategies.
- Substance use issues do not occur in isolation, and there are many systems and issues that contribute to substance misuse and have an impact on the achievement of outcomes through the Strategy.
- The policy direction of exclusion of alcohol presented challenges given alcohol use is often linked to drug use and alcohol is the most prevalent and costly substance to the health system.
- Challenges encountered with timing and delays for flowing resources to projects likely had some impacts on the level of success achieved.
- Many of the projects and initiatives required delivery at the provincial/territorial level, which in some circumstances and situations can present challenges for a national-level strategy.

Areas that key informants identified for improvement included:

- Engagement with social services and educators.
- Given the prevalence rates and the current opioid crisis, prevention activities could be increased.
- Development of approaches that include a more sustained treatment strategy that could possibly include components such as the availability of on-demand treatment, stronger focus on harm reduction, and addressing behavioural changes.
- Future strategies should consider the root causes of problematic substance use, the interaction with other issues (e.g., mental health, poverty, victimization, and socioeconomic status), and gaps in the emotional and financial resources available to at-risk populations.
- Examination of reporting requirements and evaluation approaches to determine how they could be improved with respect to greater coordination across pillars, and potentially greater sharing of results. This examination could also include a review of performance indicators to further understand the impact of the Strategy as well as outputs and immediate outcomes. More work is also required in the development of impact measures to assess the extent to which risk-taking behaviours related to illicit drugs and PDA have decreased.
- Ability to implement more robust enforcement actions when there are recurrent observations.

3.3. Performance – Demonstration of Efficiency and Economy

3.3.1. Expenditures

Based on the information contained within the Departmental Performance Reports[67] for five years (2011-12 to 2015-16), overall the planned spending was approximately $593.5M, while actual expenditures were reported at $603M, which accounts for an approximate ***1.64% in overspending***. However, a large proportion of the over-expenditures are due to one component (Office of the Director of Public Prosecutions – Prosecution and Prosecution Related Services)[68]. Once this component is removed from the analysis, the overall results indicate approximately ***11.2% in underspending*** during the four-year period (planned: $549.1M vs. expended: $485.9M).

Table 4: Planned vs. Actual Spending by Component, 2011-12 to 2015-16 ($millions)

Department	Component	2011-12 to 2015-16	
		Planned Spending ($Millions)	Actual Spending ($ Millions
Justice	Drug Treatment Court Funding Program (Treatment Action Plan)	18	18
	Youth Justice Fund (Treatment Action Plan)	8	7.4
	Justice Canada Lead Role for the National Anti-Drug Strategy	2.2	2.5
	Total Justice	**28.2**	**27.9**
HC	Mass Media Campaign (ended 2011-12) (Prevention Action Plan)	6.9	6.6
	Anti-Drug Strategy Initiatives (formerly Drug Strategy Community Initiatives Fund and Drug Treatment Funding Program) (Prevention and Treatment Action Plans)	126.7	117.7
	First Nations and Inuit Health Branch Mental Wellness Program (Treatment Action Plan)	53.5	54.2
	Office of Controlled Substances (Enforcement Action Plan)	29.3	25.2

[67] Justice Canada Departmental Performance Report Supplementary Information Tables: Horizontal Initiatives Accessed from http://www.justice.gc.ca/eng/rp-pr/cp-pm/dpr-rr/index.html

[68] Actual ODPP spending reflects incremental in-house prosecution costs. The increase in actual spending is mainly due to the higher proportion of hours spent on files carried over from previous fiscal years, as well as a high proportion of moderate and high-complexity files (DPR 2015-16).

	Mandatory Minimum Penalties (Enforcement Action Plan)	0.9	0.9
	Regulatory Operations and Regions Branch - Compliance and Enforcement activities (Enforcement Action Plan)	8.4	9
	Drug Analysis Services (Enforcement Action Plan)	47.36	46.86
	Total Prescription Drug Abuse	8.4	7.4
	Total HC	**281.5**	**267.9**
CIHR	Research on Drug Treatment Models (Treatment Action Plan)	6.0	5.8
	Total CIHR	**6.0**	**5.8**
Public Safety	National Coordination of Efforts to Improve Intelligence, Knowledge, Management, Research, Evaluation (Enforcement Action Plan)	3.4	1.9
	Crime Prevention Funding and Programming: Crime Prevention Action Fund (ended 2011-12) (Prevention Action Plan)	15.8	16.2
	Total Public Safety	**19.2**	**18.1**
RCMP	Federal Policing Public Engagement (formerly Drugs and Organized Crime Awareness Services) (Prevention Action Plan)	13.9	10.4
	National Youth Intervention and Diversion Program (ended 2011-12) (Treatment Action Plan)	0.7	0.6
	Federal Policing Project Based Investigations (formerly Marihuana and Clandestine Lab Teams/Proceeds of Crime) (Enforcement Action Plan)	110.4	91.4
	Internal Services and Accommodations	3.4	3.4
	Total RCMP	**128.4**	**105.8**
CSC	Case Preparation and Supervision (Enforcement Action Plan)	22.4[69]	6.3
	Total CSC	**22.4**	**6.3**
PBC	Conditional Release Decisions (Enforcement Action Plan)	9.6	3.8

[69] Bill C-10, the *Safe Streets and Communities Act*, received Royal Assent on March 13, 2012 and the sections of the Act which apply to *Mandatory Minimum Penalties for Serious Drug Offences* came into force in November 2012. The funds were held in a frozen allotment until fiscal year 2013–14, when a total of approximately $1.7 million was released to cover the cost associated with the case preparation and supervision of provincial offenders on an on-going basis.

	Conditional Release Decisions Openness and Accountability (Enforcement Action Plan)	2.3	1.3
	Internal Services	1.7	0.4
	Total PBC	**13.6**	**5.5**
ODPP	Legal Advice and Prosecution Services (Enforcement Action Plan)	18	103.1
	Legal Advice and Prosecution of Serious Drug Offences under the CDSA related to or as a consequence of the MMPs that came into force on November 6, 2012 (Enforcement Action Plan)	23.7	7.3
	Internal Services	2.7	6.7
	Total ODPP	**44.4**	**117.1**
CBSA	Intelligence Development and Field Support Division (Organized Crime and Contraband Section and Precursor Chemical Diversion), CBSA Laboratory, Criminal Investigations (Enforcement Action Plan)	15.6	16.4
	Total CBSA	**17.1**	**17.9**
GAC	Annual Contributions to the United Nations Office on Drugs and Crime and the Inter-American Drug Control Commission (Enforcement Action Plan)	4.5	4.5
	Total GAC	**4.5**	**4.5**
CRA	Small and Medium Enterprises Directorate (formerly Special Enforcement Program) (Enforcement Action Plan)	5.0	5.4
	Total CRA	**5.0**	**5.4**
PSPC	Forensic Accounting Management Group (Enforcement Action Plan)	3	3
	Total PSPC	**3**	**3**
FINTRAC	Financial Transactions and Reports Analysis Centre of Canada (funded ended 2011-12) (Enforcement Action Plan)	0.7	3.5
	Total FINTRAC	**0.7**	**3.5**
NADS Total		**592.8**	**599.9**

The variance in planned vs. actual expenditures varied considerably from year to year, ranging from 10.6% overspending in 2015-16 to 7.3% underspending in 2013-14. When the outlier component is removed (as explained above), this variation increased substantially, ranging from 3.5% underspending in 2015-16 to18.0% underspending in 2013-14.

Table 5: Planned vs. Actual Spending, 2011-12 to 2015-16 ($millions)

	2011-12	2012-13	2013-14	2014-15	2015-16	Total
Total Expenditures						
Planned Spending	153.6	106.6	110.7	108.1	114.5	593.5
Actual Spending	142.4	110.7	107.4	114.4	128.1	603.0
Variance	11.2	4.1	-3.3	6.3	13.6	9.5
% variance	7.3%	3.8%	-3.0%	5.8%	11.9%	1.6%
Expenditures (excluding ODPP)						
Planned Spending	149.7	102.7	98.5	95.9	102.3	549.1
Actual Spending	127.7	90.6	80.8	88.1	98.7	485.9
Variance	-22	-12.1	-17.7	-7.8	-3.6	-63.2
% underspending	-14.7%	-11.8%	-18.0%	-8.1%	-3.5%	-11.5%

3.3.2. Horizontal Strategy

The evidence regarding the benefits of the horizontal nature of the Strategy is mixed. On the positive side, key informants indicated that this approach:

- Allows for having all the key players sitting at the table working together and sharing information according to their areas of expertise. In that sense, it was seen to have promoted better intelligence sharing.
- Promotes valuable collaboration to connect partners and to identify government priorities.
- Contributes to shared principles and common understandings across agencies, which in turn facilitates the achievement of outcomes, as government priorities are identified by cross-departmental consensus. Working together towards the same goals increases efficiency. In addition, horizontality encourages agencies to develop a broader perspective and comprehensive approach.

However, despite those expected benefits, key informants indicate that departments and agencies are still working to some extent in silos, with the horizontal nature having been primarily observed on the enforcement side. Additionally, key informants identified the following suggestions:

- Having greater coordination across departments/agencies as well as among representatives and stakeholders from the three action plans (Prevention, Treatment and Enforcement) would reduce duplication and increase efficiency.
- Coordination would be valuable regarding information sharing/knowledge exchange, as well as greater coordination of programs.

- Greater collaboration could be facilitated via the governance structure.

4. CONCLUSIONS

Relevance – Continued Need for Program

Given youth prevalence rates and the impact of substance use in vulnerable sub-populations, the ongoing issues related to prescription drugs and the current opioid crisis in Canada, the evaluation found that there is a demonstrated need for a national drug/substance use strategy. Illicit drug use is associated with costly health, community and economic impacts and these negative effects represent a significant drain on Canada's economy.

Relevance – Alignment with Government Priorities

The Government of Canada has a long history in the horizontal management of illicit drug issues. All levels of government and stakeholders expect the Government of Canada to continue to show leadership and support in this area. In recent years, the misuse and non-medical use of prescription drugs and the number of opioid overdoses have emerged as a leading public health and safety concern. As a result, the NADS mandate was expanded in 2013 to support actions that address PDA, which partners have recently implemented.

Relevance - Alignment with Federal Roles and Responsibilities

The horizontal character of the Strategy calls for coordination across departments and alignment with each department's respective roles and responsibilities. Overall, the evidence indicated that the federal roles and responsibilities are well aligned with the Strategy's various programming elements. There is limited overlap or duplication between NADS and other programming and initiatives.

Performance – Effectiveness

Prevention Action Plan Outcomes

The Strategy has successfully increased awareness and understanding of illicit drugs, PDA and their negative consequences among Canadians, including youth, parents, professionals and at-risk populations. In general, those benefiting from projects funded by HC and those reached through awareness campaigns reported having more information about drugs and their impact.

Problematic substance use is often symptomatic of underlying psychological, social or health issues and inequities, often referred to as Social Determinants of Health. Future strategies should consider the root causes of problematic substance use, the interaction with other issues (e.g., mental health, poverty, victimization, and socioeconomic status), and gaps in the emotional and financial resources available to at-risk populations. More work is also required in the development of impact measures and comprehensive national data to assess the extent to which risk-taking behaviours related to illicit drugs and PDA have changed.

Treatment Action Plan Outcomes

The Treatment Action Plan enhanced the capacity to plan and deliver a range of treatment services and programs to targeted populations. NADS investments have supported research in drug treatment services, strengthened the quality and effectiveness of the First Nations and Inuit Health Branch's Mental Wellness Program treatment services, increased the consistency within the treatment system, and led to changes in policies and practices. These investments also increased the availability of treatment services and the responsiveness of programs for targeted populations. With the introduction of the KES, the Treatment Action Plan has also improved collaboration among partners and agencies.

While the Strategy investments have enhanced treatment system capacity and the availability of treatment services, there remains a substantial treatment need. Furthermore, the impacts are limited to communities reached through funding, which suggests a need for additionally funded treatment services.

Enforcement Action Plan Outcomes

The Enforcement Action Plan has resulted in significant progress in expanding partnerships and increasing capacity and awareness of drug enforcement stakeholders. Through the Strategy, support and valuable tools have also been provided to control and monitor controlled substances

and precursor chemicals at the national and international level and to reduce the likelihood that controlled substances will be diverted to the illicit market. By applying new technologies, forensic accounting, financial intelligence and intelligence sharing, there has been increased effectiveness in efforts related to drug enforcement and in the prosecution of drug traffickers.

Despite advancements in enforcement, the extent of the impact has been limited by the need to continually keep up with innovations in the illicit drug market. The rapid and diverse growth in the drug market requires continued improvement in the accurate detection of chemicals, the ability to identify trends and report them to law enforcement officers, and the development of new technologies and regulations to adapt to the evolving drug markets.

Conclusions

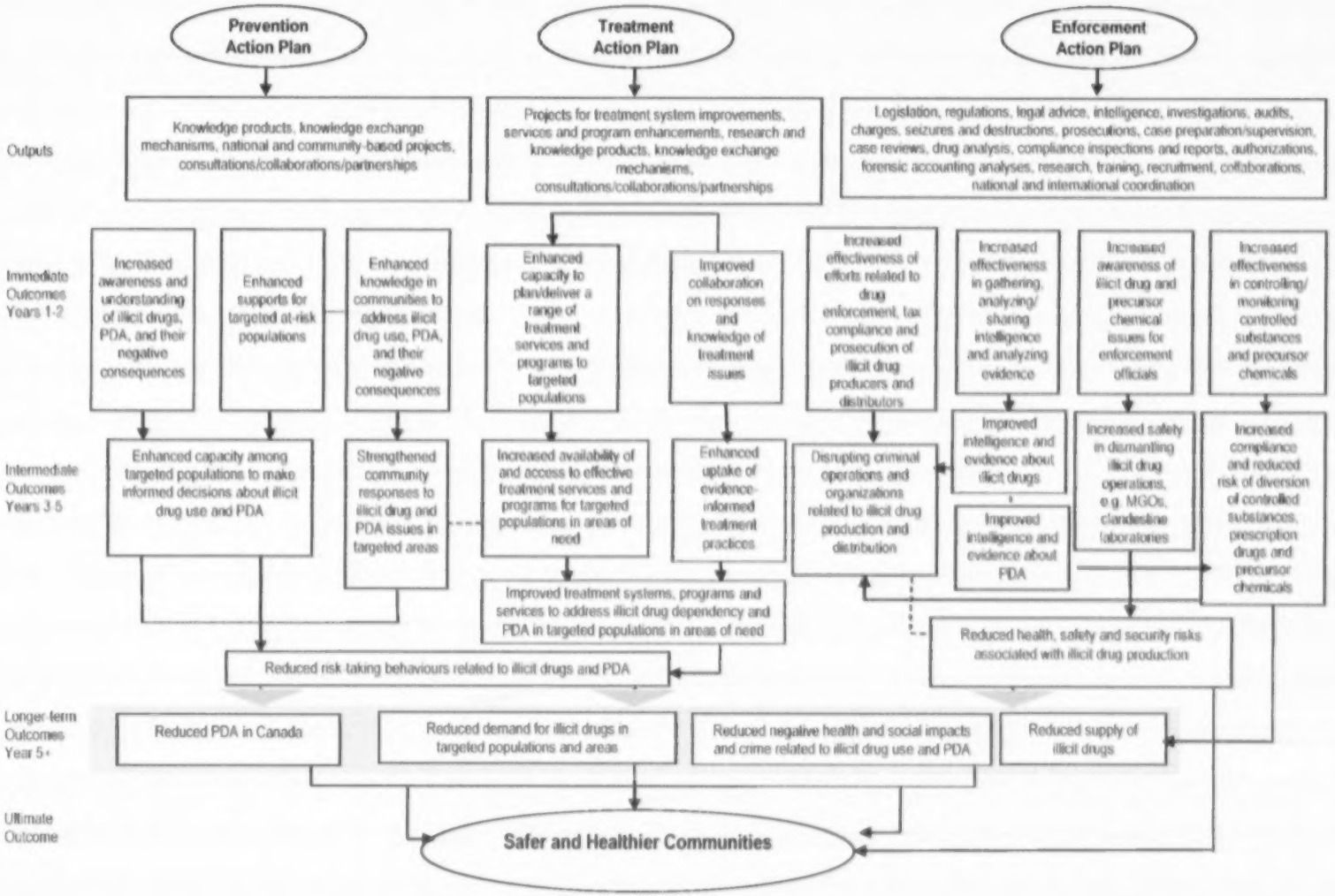
Given youth prevalence rates and the impact of substance use in vulnerable sub-populations, as well as the ongoing issues related to prescription drugs and the current opioid crisis in Canada, the evaluation found that there is a demonstrated need for a national drug or substance use strategy. Results of the evaluation point to the continued relevance and impact of the Strategy on outcomes related to each of the three action plans: prevention, treatment and enforcement.

However, substance abuse issues do not occur in isolation. There are many systems and issues that contribute to substance abuse and have an impact on the achievement of outcomes through the Strategy. The limited harm reduction component to the Strategy also presents challenges in aligning and collaborating with some international approaches, since many of the developed countries have integrated harm reduction components in their national drug strategies. The new drug strategy led by HC will have an expanded mandate to include harm reduction.

This evaluation does not include recommendations given the replacement of NADS by the Canadian Drugs and Substances Strategy (CDSS). However, key factors that contributed to or impeded the achievement of outcomes have been identified for consideration in the implementation of the CDSS.

Appendix A:
Logic Model

National Anti-Drug Strategy (NADS) Logic Model


Prevention Action Plan
Treatment Action Plan
Enforcement Action Plan
Outputs
Knowledge products, knowledge exchange mechanisms, national and community-based projects, consultations/collaborations/partnerships
Projects for treatment system improvements, services and program enhancements, research and knowledge products, knowledge exchange mechanisms, consultations/collaborations/partnerships
Legislation, regulations, legal advice, intelligence, investigations, audits, charges, seizures and destructions, prosecutions, case preparation/supervision, case reviews, drug analysis, compliance inspections and reports, authorizations, forensic accounting analyses, research, training, recruitment, collaborations, national and international coordination
Immediate Outcomes Years 1-2
Increased awareness and understanding of illicit drugs, PDA, and their negative consequences
Enhanced supports for targeted at-risk populations
Enhanced knowledge in communities to address illicit drug use, PDA, and their negative consequences
Enhanced capacity to plan/deliver a range of treatment services and programs to targeted populations
Improved collaboration on responses and knowledge of treatment issues
Increased effectiveness of efforts related to drug enforcement, tax compliance and prosecution of illicit drug producers and distributors
Increased effectiveness in gathering, analyzing/ sharing intelligence and analyzing evidence
Increased awareness of illicit drug and precursor chemical issues for enforcement officials
Increased effectiveness in controlling/ monitoring controlled substances and precursor chemicals
Intermediate Outcomes Years 3-5
Enhanced capacity among targeted populations to make informed decisions about illicit drug use and PDA
Strengthened community responses to illicit drug and PDA issues in targeted areas
Increased availability of and access to effective treatment services and programs for targeted populations in areas of need
Enhanced uptake of evidence-informed treatment practices
Disrupting criminal operations and organizations related to illicit drug production and distribution
Improved intelligence and evidence about illicit drugs
Improved intelligence and evidence about PDA
Increased safety in dismantling illicit drug operations, e.g. MGOs, clandestine laboratories
Increased compliance and reduced risk of diversion of controlled substances, prescription drugs and precursor chemicals
Improved treatment systems, programs and services to address illicit drug dependency and PDA in targeted populations in areas of need
Reduced risk taking behaviours related to illicit drugs and PDA
Reduced health, safety and security risks associated with illicit drug production
Longer-term Outcomes Year 5+
Reduced PDA in Canada
Reduced demand for illicit drugs in targeted populations and areas
Reduced negative health and social impacts and crime related to illicit drug use and PDA
Reduced supply of illicit drugs
Ultimate Outcome
Safer and Healthier Communities

Appendix B:
Evaluation Questions and Indicators

Evaluation Questions and Indicators

The evaluation was designed to address the following specific evaluation questions and indicators:

Relevance

1. Is there a continued need for the National Anti-Drug Strategy?
   - 1.1. Extent to which there is a continued need for the Strategy and its programming elements

2. To what extent are the objectives of the Strategy aligned with federal government priorities?
   - 2.1. Linkage between the objectives of the Strategy (and its components) to federal priorities and departmental strategic outcomes
   - 2.2. Extent to which horizontal, multi-partner approach to illicit drugs and PDA continues to be a priority of the federal government

3. Is there a legitimate and necessary role for the federal government to deliver a national strategy of this nature?
   - 3.1. Extent of federal roles and responsibilities that are aligned with the various Strategy's programming elements
   - 3.2. Evidence of any overlap/duplication of effort with other governments/stakeholders

Performance (Achievement of Outcomes)

4. To what extent and in what way has the Strategy achieved its expected immediate outcomes?

*Extent to which the **Prevention Action Plan** has achieved its immediate outcomes:*

- 4.1. Increased awareness and understanding of illicit drugs, PDA and their negative consequences
- 4.2. Enhanced supports for targeted at-risk populations
- 4.3. Enhanced knowledge in communities to address illicit drug use, PDA and their negative consequences

*Extent to which the **Treatment Action Plan** has achieved its immediate outcomes:*

- 4.4. Enhanced capacity to plan/deliver a range of treatment services and programs to targeted populations
- 4.5. Improved collaboration on responses and knowledge of treatment issues

*Extent to which the **Enforcement Action Plan** has achieved its immediate outcomes:*

- 4.6. Increased effectiveness of efforts related to drug enforcement, tax compliance and prosecution of illicit drug producers and distributors
- 4.7. Increased effectiveness in gathering, analyzing/sharing intelligence and analyzing evidence
- 4.8. Increased awareness of illicit drug and precursor chemical issues for enforcement officials
- 4.9. Increased effectiveness in controlling and monitoring controlled substances and precursor chemicals

5. To what extent and in what way has the Strategy achieved its expected intermediate outcomes?

*Extent to which the **Prevention Action Plan** has achieved its intermediate outcomes:*

- 5.1. Enhanced capacity among targeted populations to make informed decisions about illicit drug use and PDA
- 5.2. Strengthened community responses to illicit drug and PDA issues in targeted areas
- 5.3. Reduced risk-taking behaviours related to illicit drugs and PDA

*Extent to which the **Treatment Action Plan** has achieved its intermediate outcomes:*

5.4. Increased availability of and access to effective treatment services and programs for targeted populations in areas of need

5.5. Enhanced uptake of evidence-informed treatment practices

5.6. Improved treatment systems, programs and services to address illicit drug dependency and PDA in targeted populations in areas of need

5.7. Reduced risk-taking behaviours related to illicit drugs and PDA

*Extent to which the **Enforcement Action Plan** has achieved its intermediate outcomes:*

5.8. Disruption of criminal organizations/operations related to illicit drug production and distribution

5.9. Improved intelligence and evidence about illicit drugs

5.10. Improved intelligence and evidence about PDA

5.11. Increased safety in dismantling illicit drug operations, e.g., MGOs, clanlabs

5.12. Increased compliance and reduced risk of diversion of controlled substances, prescription drugs and precursor chemicals

5.13. Reduced health, safety and security risks associated with illicit drug production

6. Overall, to what extent and in what ways has the Strategy contributed to or impeded the achievement of the outcomes?

6.1. Ways in which the horizontal nature of the Strategy has contributed to or impeded the achievement of the outcomes

6.2. Factors that have contributed to or impeded achievement of outcomes

6.3. Suggestions for improvement to the Strategy to increase successful achievement of outcomes

Performance (Demonstration of Efficiency and Economy)

7. Is the Strategy making efficient and economical use of its resources in relation to the production of outputs and progress toward expected outcomes?

7.1. Planned vs. actual expenditures

7.2. Evidence that the horizontal approach contributed to the efficiency and economy of the Strategy (e.g., collaboration amongst partners, reduced duplication)

7.3. Potential improvements to Strategy to increase efficiency (e.g., linkages, governance structure, administration and reporting)